INVOICE

Invoice No:

Date:

Due Date:

P.O. Number:

CLIENT / BILL TO

PROJECT / TEST SITE

SYSTEM / EQUIPMENT TAG
TEST PROCEDURE REF.
COMMISSIONING PHASE
CERTIFICATE NO.

TESTING & COMMISSIONING SERVICE DESCRIPTION	HOURS / QTY	UNIT RATE	TOTAL AMOUNT

Payment Terms & Instructions

Subtotal	
Tax Rate / VAT	
Tax / VAT Amount	
Total Due	

Commissioning Engineer / Inspector Signature
Date

Client Representative Acceptance Signature
Date