INVOICE

INVOICE NO.

DATE

DUE DATE

CLIENT INFORMATION

COMPANY

ADDRESS

CITY/ST/ZIP

CONTACT

INSPECTION SITE DETAILS

FACILITY NAME

LOCATION

PO / REF NO.

INSPECTOR

INSPECTION DATE

STANDARD / CODE

SAFETY INSPECTION SERVICE DESCRIPTION	QTY/HRS	UNIT RATE	TOTAL AMOUNT

SUBTOTAL

TAX / VAT

TOTAL DUE

AUTHORIZED INSPECTOR SIGNATURE

CLIENT REPRESENTATIVE SIGNATURE

Thank you for your business. Please remit payment in accordance with the agreed payment terms.