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Maintenance Invoice

Invoice No:

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Date:

.....

Due Date:

.....

Billing Period:

.....

CLIENT / FACILITY INFORMATION

Client Name:

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Facility Name:

Address:

CONTACT DETAILS

Contact Person:

.....
Phone:

.....
Email:

.....
Account No:

ITEM	DESCRIPTION OF MAINTENANCE SERVICES	QTY / HRS	RATE	TOTAL

ITEM	DESCRIPTION OF MAINTENANCE SERVICES	QTY / HRS	RATE	TOTAL
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Subtotal

Tax / VAT

Other Charges

Total Due

Payment Terms & Notes

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Authorized Signature