

# INVOICE

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Invoice No.	
Date	
Due Date	
Billing Period	

## SERVICE PROVIDER

## BILL TO (CLIENT)

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## SERVICE LOCATION (IF DIFFERENT)

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SERVICE DESCRIPTION & MAINTENANCE ACTIVITY	SERVICE DATE	QTY / HRS	RATE	AMOUNT

	Subtotal	
	Tax Rate (%)	
	Total Tax	

Total Due

**PAYMENT TERMS & INSTRUCTIONS**

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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date