

AUDIO VISUAL INSTALLATION

Service Billing Form

Invoice No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

BILL TO

Project/Job Name: _____
Installation Date: _____
Lead Technician: _____
PO Number: _____

EQUIPMENT & MATERIALS

ITEM NO.	DESCRIPTION OF AV EQUIPMENT / MATERIALS	QTY	UNIT PRICE	TOTAL

LABOR & INTEGRATION SERVICES

SERVICE / LABOR DESCRIPTION	HOURS	HOURLY RATE	TOTAL

Equipment Subtotal: _____

Labor Subtotal: _____

Tax Rate / Tax: _____

Total Due: _____

TERMS & SPECIAL INSTRUCTIONS

CUSTOMER ACCEPTANCE SIGNATURE & DATE

TECHNICIAN SIGNATURE & DATE