LOSS PREVENTION & SECURITY CONSULTATION INVOICE

INVOICE #	
DATE	
DUE DATE	
P.O. NUMBER	

CLIENT / BILLED TO

SERVICE / SITE LOCATION

DESCRIPTION OF SECURITY SERVICES / CONSULTATION	HOURS / QTY	RATE ($)	TOTAL ($)

PAYMENT TERMS & CONDITIONS

SUBTOTAL	
TAX RATE (%)	
TOTAL TAX	
BALANCE DUE	

AUTHORIZED SIGNATURE

Thank you for your business. For security inquiries, patrol dispatch, or system support, please contact us.