

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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**SERVICE PROVIDER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT / BILL TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project/Job:**  
**Inspection Date:**  
**Standard Applied:**  
**AQL Level:**  
**Sample Size:**  
**Certificate No:**

Description of QC Services	Hours / Qty	Unit Rate	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Subtotal:** \_\_\_\_\_  
**Tax / VAT:** \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

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**Payment Terms & Notes**

\_\_\_\_\_

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Authorized QC Inspector Signature

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Client Acceptance Signature