



QC SERVICE INVOICE

Invoice No: _____ Date: _____

Due Date: _____ PO Reference: _____

CLIENT / BILL TO

PROJECT & SITE INFO

REF / REPORT NO.	QA/QC SERVICE / ACTIVITY DESCRIPTION	HOURS / QTY	RATE	AMOUNT

Subtotal: _____

Tax Rate: _____

Tax Amount: _____

Total Due:

PAYMENT TERMS & INSPECTION NOTES

QA/QC INSPECTOR SIGNATURE & DATE

CLIENT ACCEPTANCE/SIGN-OFF & DATE