Phone:
Email:

INVOICE

Armed Security Services

CLIENT / BILL TO

Attn:

INVOICE DETAILS

Invoice No.

Date

Payment Terms

Due Date

PO / Reference No.

DATE / SHIFT	DESCRIPTION OF ARMED GUARD SERVICES	HOURS	RATE / HR	TOTAL

Subtotal

Tax / Surcharge

Total Due

Authorized Signature (Security Provider)

Client Acknowledgment / Signature

Payment Terms & Instructions:
Please remit payment via check or bank wire transfer. State licensing compliance dictates standard net-term protocols. For billing inquiries, contact dispatch or operations management.

STATE PRIVATE SECURITY AGENCY LICENSE: