INVOICE

Invoice No:
Date:
Due Date:

BILL TO

INSPECTION SITE / LOCATION

INSPECTOR NAME

CERTIFICATION NO.

INSPECTION DATE

DESCRIPTION OF SAFETY INSPECTION / SERVICE	QTY / HOURS	RATE	AMOUNT

NOTES / SCOPE OF INSPECTION

Subtotal
Tax Rate (%)
Sales Tax

Total Due

Inspector Signature & Date

Client Acknowledgment Signature

Thank you for prioritising safety in your workplace.