# TESTING & COMMISSIONING INVOICE

Invoice No:

Date:

Project / Job No:

Reference / PO:

## INVOICE TO

## SITE / INSTALLATION DETAILS

| DESCRIPTION OF ELECTRICAL TESTING & COMMISSIONING SERVICES | EQUIPMENT TAG / REF | QTY / HRS | UNIT RATE | TOTAL AMOUNT |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal

Tax / VAT

**Total Due**

## Remittance / Bank Details

Bank Name:

Account Name:

Account No / IBAN:

Swift / Sort Code:

Prepared By (Testing Engineer)

Client Acceptance / Sign-off