INSPECTION BILL

SERVICE PROVIDER

Company Name

License/Reg No.

Address

Phone / Email

CLIENT INFORMATION

Client Name

Site Address

Contact Person

Phone / Email

Invoice Number		Date of Issue	
Inspection Date		Due Date	
Facility/Area Inspected			

SAFETY INSPECTION SERVICE DESCRIPTION	QTY / HRS	UNIT RATE	AMOUNT

Subtotal

Tax / VAT

Total Due

Terms & Instructions:

INSPECTOR SIGNATURE

CLIENT REPRESENTATIVE SIGNATURE