INVOICE

Invoice No:

Date:

Due Date:

CLIENT / BILL TO

SERVICE LOCATION / POST

DATE	GUARD NAME / ID	SERVICE DESCRIPTION / SHIFT	HOURS	RATE	TOTAL
		Armed Security Patrol & Guard Services			
		Armed Security Patrol & Guard Services			
		Armed Security Patrol & Guard Services			
		Armed Security Patrol & Guard Services			
		Armed Security Patrol & Guard Services			
		Armed Security Patrol & Guard Services			

Subtotal:

Tax / Agency Fee:

Total Due:

Payment Terms & Conditions:

AUTHORIZED SIGNATURE (AGENCY)

CLIENT ACCEPTANCE SIGNATURE