SAFETY FIRST

INSPECTION & COMPLIANCE SERVICES

INVOICE

Invoice No:

Date:

Due Date:

SERVICE PROVIDER

BILL TO

CONSTRUCTION PROJECT & AUDIT DETAILS

Project Name:

Audit Date:

Site Address:

Lead Auditor:

DESCRIPTION OF SAFETY SERVICES / AUDIT SCOPE	QTY / HRS	UNIT RATE	AMOUNT

Subtotal

Tax / VAT	
Total Due	

AUTHORIZED INSPECTOR SIGNATURE

CLIENT ACKNOWLEDGMENT SIGNATURE

Thank you for prioritizing workplace safety. Payment is requested in accordance with the agreed terms.
For inquiries regarding this safety audit invoice, please contact the service provider listed above.