INVOICE

Testing & Commissioning Services

Invoice No: _____

Date: _____

Due Date: _____

SERVICE PROVIDER

CLIENT / ISSUED TO

PROJECT / FACILITY NAME	SYSTEM / EQUIPMENT TAG	COMMISSIONING STANDARD / REF

DESCRIPTION OF TESTING & COMMISSIONING ACTIVITIES	QTY / HOURS	UNIT RATE	AMOUNT

Subtotal: _____

Tax / VAT: _____

Total Due: _____

COMMISSIONING ENGINEER SIGNATURE
Name & Date

CLIENT REPRESENTATIVE ACCEPTANCE
Name & Date

Payment Terms & Bank Details

All testing and commissioning activities listed above have been completed in accordance with specifications, and testing records have been submitted and signed off.