INVOICE

Invoice No: _____

Date: _____

Due Date: _____

P.O. Number: _____

CLIENT / BILLING TO

SITE / INSTALLATION ADDRESS

Project Name: _____

System/Equipment: _____

Commissioning Phase: _____

Test Certificate No: _____

TAG / REF NO.	DESCRIPTION OF TESTING & COMMISSIONING SERVICES	QTY / HRS	UNIT RATE	TOTAL AMOUNT

TAG / REF NO.	DESCRIPTION OF TESTING & COMMISSIONING SERVICES	QTY / HRS	UNIT RATE	TOTAL AMOUNT

Subtotal:

Tax / VAT:

Total Due:

PAYMENT TERMS & BANK DETAILS

AUTHORIZED SIGNATORY & DATE