

INVOICE

Invoice No: _____
Date: _____
Due Date: _____
P.O. Number: _____

CLIENT / BILL TO

INSPECTION REFERENCE

Project / Facility: _____
Inspection Date: _____
Report Ref No: _____
Lead Inspector: _____

QC SERVICE DESCRIPTION	QUANTITY / HOURS	UNIT RATE	AMOUNT

Payment Terms & Instructions
Bank Name: _____
Account No: _____
IBAN / Swift: _____

Subtotal _____

Tax / VAT

Other / Travel Fee

Total Due

AUTHORIZED INSPECTOR SIGNATURE

CLIENT ACCEPTANCE SIGNATURE
