INVOICE

Invoice No:

Date:

Due Date:

P.O. Number:

CLIENT INFORMATION

Client Name:

Address:

City, ST, Zip:

Contact Person:

PROJECT & SYSTEM DETAILS

Project Name:

Project Location:

System / Equip:

Test Procedure Ref:

ITEM	DESCRIPTION OF TESTING & COMMISSIONING SERVICES	QTY / HRS	UNIT / RATE	TOTAL
1				
2				
3				
4				
5				

PAYMENT & COMMISSIONING NOTES

Subtotal:

Tax / VAT (%):

Retainage:

Total Due:

TESTING ENGINEER / CONTRACTOR SIGNATURE

Date:

CLIENT / WITNESS REPRESENTATIVE SIGNATURE

Date: