INVOICE

Invoice No: _____

Date: _____

Due Date: _____

P.O. Number: _____

BILL TO

SITE / PROPERTY INSPECTED

DESCRIPTION OF SAFETY INSPECTION / SERVICE	QTY	UNIT PRICE	TOTAL AMOUNT

PAYMENT TERMS & INSPECTION NOTES

Subtotal:	
Tax Rate / VAT:	
Tax Amount:	
Total Due:	

INSPECTOR SIGNATURE

LICENSE / CERTIFICATION NO.