



# INVOICE

Industrial Facility Services

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

PO Number: \_\_\_\_\_

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## CLIENT / FACILITY INFO

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## SERVICE LOCATION (IF DIFFERENT)

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AREA / SYSTEM	DESCRIPTION OF SERVICE PROVIDED	QTY / HRS	RATE (\$)	TOTAL (\$)

Subtotal \_\_\_\_\_

Tax Rate (%) \_\_\_\_\_

Sales Tax \_\_\_\_\_

**Total Due**

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**PAYMENT TERMS & INSTRUCTIONS**

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Authorized Signature

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Client Acceptance Signature