FIELD PROMAX | COMMERCIAL HVAC SERVICE INVOICE

Commercial & Multi-Site Service | fieldpromax.com

SERVICE PROVIDER

Your Company Name

Address | Phone | License # | EPA 608 Cert #

Invoice #	INV-____
PO Number	PO-____
Service Date	__/__/____
Due Date	Net 30: __/__/____

BILLED TO

Company / Organization:	
AP Contact Name:	
Billing Address:	
AP Email:	

SERVICE LOCATION(S)

Unit ID	Location / Address	Unit Make / Model	Serial #	Floor / Zone
RTU-01				
RTU-02				
RTU-03				

SCOPE OF WORK

Work Performed:	
Findings:	

Refrigerant Type	Lbs Added / Recovered	EPA 608 Log Ref. / LOTO Sign-off

Permit Reference:	
Compliance Notes:	(EPA Sec. 608 | LOTO | Local code)

MATERIALS & LABOR

Part #	Description	Unit ID	Qty / Hrs	Unit Cost	Total

Subtotal	$
Tax	$
TOTAL DUE	**$**

PAYMENT TERMS

Terms:	Net 30 from invoice date
Late Fee:	1.5% per month on overdue balance
Remit to:	Checks payable to: [Company Name]
ACH / Wire:	Account on file — contact AP to confirm

Authorized Signature (Client)

Print Name / Title: _____

Lead Technician Signature

Date: _____ Badge #: _____