SECURITY SERVICES INVOICE

SECURITY COMPANY

Business name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Service agreement _____

BILL TO

Company _____

Attention _____ Email _____

Billing address _____

PO no. _____

SERVICE PERIOD

Site _____

Period _____

Posts covered _____

REGULAR HOURS

Date	Site / post	Officer	Hours	Rate	Amount

Regular hours subtotal

OVERTIME AND HOLIDAY HOURS

Date	Site / post	Officer	Hours	Rate	Amount

Overtime and holiday subtotal

PATROL MILEAGE

Date	Route	Officer	Miles	Rate per mile	Amount

Mileage subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

RATES AND HOURS

_____

_____

Questions about hours: [Phone or email]. Please quote the invoice number with your payment.