TUALATIN VALLEY WATER DISTRICT CONTRACT TESTER INVOICE FORM

Company Name:
Address: **Phone:**
Assignment Date: **Invoice No:**

CUSTOMER INFORMATION		APPOINTMENT REQUIRED		CHECK IF TEST	REPAIR COSTS ($52/HR)		DIG OUTS - $52/HR	
Account No	Site Address	NO = ($27.50/ea)	YES = ($37.50/ea)	DELAYED	PARTS	LABOR	5 MINUTE MIN.	COSTS
TOTAL				$	$	$	_____ MINUTES	$