# TUALATIN VALLEY WATER DISTRICT CONTRACT TESTER INVOICE FORM

**Company Name:**

**Address:** **Phone:**

**Assignment Date:** **Invoice No:**

| CUSTOMER INFORMATION | | Gold Plan | | Silver Plans | CHECK IF | | FITTINGS | REPAIR COSTS ($52/HR) | | CHECK IF | DIG OUTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Account No | Site Address | $27.50ea | Appt $37.50ea | $37.50ea | TEST DELAY | WARN NOTICE | QTY | Part Cost(s) | Labor Minutes | Repair > $50 | minutes |
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| **Quantity** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Amount** | | $ - | $ - | $ - | | | | $ - | $ - | $ - | $ - |
| **Grand Total** | | | | | | | | | $ | | - |