

Preventive Maintenance Charge Statement

Date:

Customer Name:

Site/Location:

Contact Number:

#	Description of Service	Date Performed	Technician	Amount (USD)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>

Notes / Remarks:

Prepared by:

Approved by: