

Facility Maintenance Service Bill

Bill No.:	<input type="text"/>	Date:	<input type="text"/>
Client Name:	<input type="text"/>	Facility Address:	<input type="text"/>

Service Details

#	Description of Service	Quantity	Unit Price	Total
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"/>

Subtotal:	<input type="text"/>
Tax (%) :	<input type="text"/>
Total Amount Due:	<input type="text"/>

Remarks / Notes:

Authorized By:	<input type="text"/>	Received By:	<input type="text"/>
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