



ITEMIZED INVOICE

ALL \$\$ MUST BE IN USD ONLY - PER CORPORATE FINANCE REQUIREMENTS

Bill to:

Husmann Warranty
12999 Saint Charles Rock Road
Bridgeton, MO 63044

Date of Invoice

Invoice/Work Ticket #

Contact Name/email

Service Provider Name

Service Provider Address

City/State

Zip

Customer Store Name

Customer Store #

Customer Address

City/State/Zip

Date of Failure

Date of Repair

INVOICE ITEMIZATION	DESCRIPTION	QTY	\$\$/EACH - USD ONLY	TOTAL REQUESTED
LABOR HOURS				
TRAVEL/TRIP				
MATERIALS (itemize out)				
TAX (if applicable)				
TOTAL AMOUNT OF INVOICE				

In the event your company utilizes this invoice, you are required to provide a Husmann Technician Form if you do not have one of your own to provide all the required information and details for Husmann to review your claim properly.