



Smoke Testing Invoice

Operator Name: _____ Date: _____

System: _____ Telephone No. _____

Billing Address: _____

City: _____ Zip: _____

Charges: \$50 per day set-up \$10 per manhole

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

	_____ Days @ \$50.00= _____
	_____ Manholes @ \$10.00= _____
\$240 for all Systems	Membership = _____
	Total Due = _____
Operator Signature: _____	