



Billing Form

Coastal Carolina Pumping Inc.
 PO Box 7767
 Charlotte, NC 28241
 Phone: 704-552-6000 Fax: 704-553-0052
 www.ccpumping.com

Today's Date: / /		Boom Inspector:	
Location:		Service Report No:	
Customer Name:		Boom Inspection No:	
Address:		Phone Number:	
		Fax Number:	
Model No:	Serial No:	Year:	
Boom Serial No:		Inspection/Service Date:	
Inspection Refused: <input type="checkbox"/> Yes <input type="checkbox"/> No		Repair Refused: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Customer Repairs/Boom Inspection</i>	Repair Time	Repair Rate Per Hour	Amount
Description: _____	_____	\$145.00	\$ _____
_____	_____		\$ _____
TB- 105/TB – 110TB – 130 = \$1350.00			\$ _____
17M – 28M = \$1150.00 / 31M – 34X = \$1300.00		Boom Inspection Charge	\$ _____
36M – 42M = \$1400.00 / 45SX – 61SX = \$1500.00		Customer Repair Charge	\$ _____

<i>Travel Expenses</i>	Amount
Scheduled Travel Time \$65.00 HOUR – Travel @ \$3.70 per mile	\$ _____
Unscheduled Travel Wait Time, Repair, Service @ \$125.00 per hour	\$ _____
Request for Air Travel = \$145.00 per hour plus airfare and expenses	
Per Diem \$75.00 plus cost of hotel per day	
	Total Travel Expense \$ _____

<i>Shop Supplies</i>	12% of Labor	Amount
Per Labor Repair Hours _____	\$ _____	\$ _____

<i>Total Amount to Invoice</i>	Amount
	\$ _____

Invoice to:		For Office Use Only	
<input type="checkbox"/> Customer/PO # _____	Amount \$ _____	Approved by: _____	
<input type="checkbox"/> Check # _____	Amount \$ _____	Customer Code: _____	
<input type="checkbox"/> Credit Card # _____	Amount \$ _____	Invoice Number: _____	
Expiration Date _____	Amount \$ _____		
<input type="checkbox"/> Inspection # _____	Amount \$ _____		
<input type="checkbox"/> Other _____			
		Total Amount to Invoice	\$ _____

Signature of Inspector/Repair Tech _____	Signature of Customer _____
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