FO-04-05
Issue No. 1
Rev. No. 0

Km. 7, McArthur Hi-way, Bangkal, Davao City
Tel No. (082) 296-2594
Email: *dcwd_meterlab@davao-water.gov.ph*

DCWD CALIBRATION LABORATORY

BILLING STATEMENT

Date: _____
Bill No. _____

TO
Name _____
Address _____

Type of Job	Normal ☐ Rush ☐		
REFERENCE	FOR SERVICES TO BE RENDERED	QUANTITY	AMOUNT
	Calibration		
		TOTAL	

Prepared by:

Name and Signature of Authorized Laboratory Personnel

Noted by:

Name and Signature of Authorized Laboratory Head

Received by:

Customer / Authorized Representative
Print Name & Signature