

# COMMERCIAL ELECTRICAL SERVICES

License No: [License Number]  
123 Business Way, City, State, Zip  
Phone: (555) 000-0000

## INVOICE

Date: [MM/DD/YYYY]  
Invoice #: [00000]  
PO #: [00000]

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### Client / Property Owner:

[Company Name]  
[Contact Name]  
[Site Address]  
[City, State, Zip]

### Project Site:

[Commercial Site Name]  
[Floor/Suite #]  
[Permit Number]

Description of Electrical Work / Materials	Qty/Hrs	Rate	Amount
[Service: e.g., Conduit Installation, Panel Upgrade]	0.00	\$0.00	\$0.00
[Service: e.g., Wiring, Terminations, Testing]	0.00	\$0.00	\$0.00
[Materials: e.g., Wire Spools, Breakers, Fixtures]	0.00	\$0.00	\$0.00

**Subtotal: \$0.00**

**Tax: \$0.00**

**Total Due: \$0.00**

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**Notes:** All work performed in accordance with NEC standards. Warranty valid for [0] days from date of completion.

**Terms:** Payment due within [00] days. Please make checks payable to: [Business Name]