

ELECTRICAL WORK INVOICE

Invoice #: _____

Date: _____

SERVICE PROVIDER

Business Name: _____

License #: _____

Address: _____

Phone: _____

CLIENT INFORMATION

Name: _____

Site Address: _____

Phone: _____

Email: _____

WORK DETAILS & DESCRIPTION

Nature of Repair/Installation:

Materials & Parts Description	Qty	Unit Price	Amount

Materials & Parts Description

Qty

Unit Price

Amount

Labor & Service Description

Hours

Rate

Amount

SAFETY & COMPLIANCE

Inspected Tested Code Compliant

Notes: _____

Material Total: \$ _____

Labor Total: \$ _____

Tax: \$ _____

Total Due: \$ _____

Electrician Signature: _____

Client Signature: _____

All work guaranteed for ____ days. Terms: Net ____ days.