

INVOICE

Company Name

Address Line 1
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

Due Date: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Service Location:

Description of Repair/Parts	Qty/Hrs	Rate	Amount
Service Call / Diagnostic Fee			
Circuit Repair Labor			
Materials (Breakers, Wiring, etc.)			

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Notes / Warranty Info:

All electrical repairs are guaranteed for ____ days. Please make checks payable to Company Name.

Thank you for your business!