

# INVOICE

## EMERGENCY ELECTRICAL SERVICES

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### Service Provider:

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Bill To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Incident Details:

Time of Call: \_\_\_\_\_ | Arrival Time: \_\_\_\_\_ | Completion Time: \_\_\_\_\_

Description of Fault/Emergency:

\_\_\_\_\_  
\_\_\_\_\_

Description of Labor / Parts	Qty/Hrs	Rate	Total
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Emergency Call-Out Fee			
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**Description of Labor / Parts**

**Qty/Hrs**

**Rate**

**Total**

Labor (Emergency/After-hours)

Materials/Parts: \_\_\_\_\_

Materials/Parts: \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

**Notes / Safety Recommendations:**

\_\_\_\_\_

\_\_\_\_\_  
Electrician Signature

\_\_\_\_\_  
Customer Signature

Payment Terms: Due upon completion of emergency repairs. All work performed according to local electrical codes.