

ELECTRICAL SERVICE INVOICE

[Company Name]
[License #]
[Business Address]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

SERVICE LOCATION:

[Job Address]
[Job Description / Notes]

Description of Service / Materials	Qty / Hrs	Rate	Amount

Subtotal: \$0.00
Tax Rate: 0.00%
Total Due: \$0.00

Terms: Payment is due upon completion unless otherwise agreed. All work performed by licensed professionals in accordance with local electrical codes.

Customer Signature: _____