

[Company Name]

[Address Line 1]

[Address Line 2]

Phone: [Phone Number]

License: #[License Number]

INVOICE

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

BILL TO

[Client Name]

[Billing Address]

[Email/Phone]

SERVICE LOCATION

[Site Name/Contact]

[Service Address]

[Date of Service]

Description of Service / Routine Tasks	Qty/Hrs	Rate	Amount
Panel Inspection & Connection Tightening			
Circuit Breaker Testing & Thermal Imaging			
Emergency Lighting Battery Test			
Outlet/GFCI Testing & Replacement			

Description of Service / Routine Tasks	Qty/Hrs	Rate	Amount
Parts & Materials: [Specify]			
			Subtotal: \$0.00
			Tax: \$0.00
			Total Due: \$0.00

MAINTENANCE NOTES & RECOMMENDATIONS

[Record findings, future repairs needed, or safety observations here]

Terms: Please make checks payable to [Company Name]. Payments due within [X] days.