ELECTRICAL INVOICE

License #: _____

Date: _____

Invoice #: _____

CUSTOMER INFORMATION:

Name:
Address:
Phone:

SERVICE LOCATION:

Job Address:
Contact Person:

DIAGNOSTIC FINDINGS & SCOPE OF WORK:

Labor & Diagnostic Fees

Description of Service	Hours	Rate	Amount

Parts & Materials

Part Name / Description	Qty	Unit Price	Amount

Part Name / Description	Qty	Unit Price	Amount

Labor Total: $ _____

Parts Total: $ _____

Tax: $ _____

Grand Total: $ _____

Technician Signature:

_____

Customer Acceptance:

_____