

INVOICE

[Company Name]
[License Number]
[Phone Number]

INVOICE #: _____

DATE: _____

CUSTOMER DETAILS

[Name]
[Service Address]
[Phone/Email]

PANEL INFORMATION

Brand/Model: _____
Main Amperage: _____
Location: _____

| Description of Materials/Service | Qty | Unit Price | Total |
|---|-----|------------|-------|
| Circuit Breaker Replacement (Amps: _____) | | | |
| Labor / Troubleshooting Fee | | | |
| Bus Bar Cleaning/Inspection | | | |

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Notes: All work performed according to local electrical codes. 1-year warranty on parts and labor unless otherwise specified.

Payment Status: Cash Check Credit Card Pending