

ELECTRICAL SERVICE CO.

123 Electric Ave, Suite 100
City, State, ZIP
Phone: (555) 000-0000
License: #0000000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Name: _____
Address: _____
Phone: _____

SERVICE LOCATION

Address: _____
Technician: _____
Work Date: _____

Description of Service / Materials	Qty/Hrs	Rate/Price	Amount

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Subtotal: \$ _____

Tax (____%): \$ _____

Total: \$ _____

Notes / Warranty: All electrical repairs carry a 1-year warranty on labor. Parts are subject to manufacturer warranty.

Payment Terms: Please make checks payable to *Electrical Service Co.* Payment is due upon completion of work.