

INVOICE

Company Name
License #123456789
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Permit #: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/State: _____

EQUIPMENT DETAILS

Generator Model: _____
Serial Number: _____
Fuel Type: Natural Gas Propane

Service Description	Qty/Hrs	Unit Price	Total
Generator Unit (Standby/Portable)			
Automatic Transfer Switch (ATS) Installation			
Electrical Wiring & Conduit Materials			
Gas Line Connection & Plumbing Labor			
Concrete Pad / Mounting Base			

Service Description	Qty/Hrs	Unit Price	Total
Labor - Professional Installation & Testing			
<hr/>			
Subtotal: \$ _____			
Permit & Inspection Fees: \$ _____			
Tax: \$ _____			
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Total Due: \$ _____			

Notes: All installations are performed according to local electrical and fire codes. Manufacturer warranty documents are attached. System test completed and verified on date of installation.

Thank you for your business!