

# INVOICE

Residential Lighting Services

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**CONTRACTOR / BUSINESS**

[Business Name]  
[License Number]  
[Phone Number]  
[Email Address]

**BILL TO / LOCATION**

[Client Name]  
[Service Address]  
[City, State, Zip]

<b>Description of Installation / Fixtures</b>	<b>Qty/Hrs</b>	<b>Rate</b>	<b>Amount</b>
[Item or Labor Description]			\$
[Item or Labor Description]			\$
[Item or Labor Description]			\$

**Description of Installation / Fixtures**

**Qty/Hrs**

**Rate**

**Amount**

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[Item or Labor Description]

\$

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Subtotal \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

**PAYMENT TERMS & NOTES**

Payment is due within [Number] days. Please make checks payable to [Business Name]. All electrical installations are performed according to local building codes.