

# INVOICE

[Your Company Name]  
[License Number]  
[Phone Number]  
[Email Address]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## CLIENT INFORMATION

[Client Name]  
[Facility Name / Substation ID]  
[Service Address]  
[Contact Person]

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## WORK SUMMARY

**Service Type:** [Routine/Emergency/Testing]  
**Voltage Level:** [e.g. 11kV / 33kV / 132kV]  
**PO Number:** \_\_\_\_\_

Description of Maintenance Services	Qty/Hrs	Rate	Amount
Transformer Oil Filtration & Dissolved Gas Analysis (DGA)			
Switchgear Inspection & Contact Resistance Testing			
Relay Calibration & Protection System Functional Test			

Description of Maintenance Services	Qty/Hrs	Rate	Amount
Battery Bank Load Testing & Electrolyte Check			
Insulating Parts Replacement / Consumables			
Subtotal: \$ _____			
Tax (%): \$ _____			
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<b>Total Balance: \$ _____</b>			

**NOTES & TERMS**

1. All testing performed according to [IEEE/ANSI/IEC] standards.
2. Maintenance report and test certificates are attached to this invoice.
3. Please make checks payable to: [Your Company Name]