

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
License #: [License Number]

Invoice #: _____
Date: _____
PO #: _____

CLIENT:

[Name / Company]
[Address]
[Phone Number]

PROJECT LOCATION / SUBSTATION:

[Site Name]
[Voltage Level: e.g., 15kV / 35kV / 115kV]
[Feeder/Circuit ID]

Description of Splicing / Termination Services	Qty	Unit Price	Total
Cable Preparation & Cleaning			
Splice Kit Installation ([Type])			
Stress Cone / Termination Assembly			
Hi-Pot / VLF Testing & Certification			

Description of Splicing / Termination Services	Qty	Unit Price	Total
Grounding / Shielding Materials			

Subtotal:\$ _____

Tax:\$ _____

TOTAL DUE:\$ _____

Technician Notes:

SAFETY COMPLIANCE: All high voltage work performed according to IEEE 404/48 standards. Do not energize cable until final testing documentation is signed and verified.