

HIGH VOLTAGE INSTALLATION INVOICE

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

Invoice #: _____
Date: _____
Project ID: _____

CLIENT INFORMATION

[Client Name / Facility]
[Site Address]
[Contact Person]
[Phone Number]

TRANSFORMER SPECIFICATIONS

Unit Type: _____
KVA Rating: _____
Serial #: _____
Location: _____

Description of Equipment & Labor	Qty	Unit Price	Total
Transformer Unit - [Model/Specs]			
Primary/Secondary Cabling & Terminations			
Switchgear & Mounting Hardware			

Description of Equipment & Labor	Qty	Unit Price	Total
Labor: High Voltage Technician Installation			
Testing, Commissioning & Certification			
Permits & Inspection Fees			
Subtotal: \$0.00			
Tax (___%): \$0.00			
Balance Due: \$0.00			

TERMS & NOTES

1. Payment is due within [Number] days of installation.
2. Manufacturer warranty documents are attached. Labor warranty valid for [Period].
3. Please make checks payable to [Your Company Name].