

# HIGH VOLTAGE SERVICES

[Street Address]  
[City, State, Zip]  
[License Number]  
[Phone Number]

## INVOICE

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

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### BILL TO:

[Client Name]  
[Client Address]  
[Project Location/Site ID]

**ATTENTION: High voltage electrical work performed. All systems tested according to [Regulation/Standard] safety protocols.**

Service/Material Description	Qty/Hrs	Unit Price	Total
[Service/Part Description]			
[Service/Part Description]			
[Service/Part Description]			
[Service/Part Description]			

Subtotal: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

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**Payment Terms:** Net [Number] Days. Please make checks payable to [Company Name].

**Notes:** All work complies with NEC/Local High Voltage codes. Certificates of inspection attached if applicable.