

HIGH VOLTAGE SERVICE INVOICE

[Service Provider Name]

[License / Certification No.]

INVOICE #
DATE

CLIENT / FACILITY
SITE CONTACT
JOB LOCATION / SUBSTATION ID
PURCHASE ORDER #

Description of Maintenance / Testing Services	Hours/Qty	Rate	Amount

TECHNICAL NOTES / COMPLIANCE OBSERVATIONS

Subtotal: \$

Tax / Environmental Fee: \$

Total Due: \$

Payment Terms: Net 30. Please make checks payable to the provider listed above.

Safety Certification: All work performed in accordance with NFPA 70E and OSHA high voltage safety standards.