

MV DISTRIBUTION CORP

123 Grid Avenue, Industrial Zone
City, State, Zip Code
Phone: (555) 000-0000

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO

[Customer Name]
[Billing Address]
[City, State, Zip]
Attn: [Accounts Payable]

SITE / PROJECT INFO

Project: [Substation/Site Name]
PO Number: [PO-000]
Feeder ID: [MV-Line-ID]

Description of Equipment / Service	Qty	Unit Price	Total
Medium Voltage Switchgear - [Model/Spec]	[0]	[\$[0.00]]	[\$[0.00]]
Step-down Transformer [kVA Rating]	[0]	[\$[0.00]]	[\$[0.00]]
Insulation Resistance & Relay Testing	[0]	[\$[0.00]]	[\$[0.00]]

Description of Equipment / Service	Qty	Unit Price	Total
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Site Commissioning & Energization Labor	[0]	\${[0.00]}	\${[0.00]}
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Subtotal: \${[0.00]}
Tax ([0] %): \${[0.00]}
Total: \${[0.00]}

PAYMENT TERMS

Net 30. Please include invoice number with your ACH or Wire transfer. All MV equipment remains the property of MV Distribution Corp until full payment is received. Quality certifications available upon request.