

# SERVICE INVOICE

[Company Name]  
[License Number]  
[Phone Number]  
[Email Address]

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

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## CLIENT INFORMATION

[Client Name]  
[Service Address / Pole ID]  
[City, State, Zip]  
[Client Phone]

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## PROJECT DETAILS

**Work Type:** [Repair / Install / Maintenance]  
**Voltage Class:** \_\_\_\_\_  
**Permit #:** \_\_\_\_\_

Description of Services / Materials	Qty/Hrs	Rate	Amount
Overhead Line Inspection & Assessment			
Emergency Line Repair / Splicing			
Insulator / Crossarm Replacement			
Vegetation Management / Clearing			

Description of Services / Materials	Qty/Hrs	Rate	Amount
Equipment Rental (Bucket Truck/Auger)			
Subtotal: \$ _____			
Tax: \$ _____			
Total: \$ _____			

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**NOTES & TERMS**

Work performed in accordance with NESC safety standards. Payment is due within [X] days. Please make checks payable to [Company Name].