

REPAIR INVOICE

Company Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

Work Order #: _____

Client Information

Name: _____

Address: _____

City/State/Zip: _____

Site/Project Details

Structure/Line ID: _____

Voltage Level: _____

GPS Coordinates: _____

Description of Materials & Repair Services	Qty/Hrs	Rate/Unit	Total

Labor Total: \$ _____

Materials Total: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Inspection & Notes:

Authorized Signature: _____

Client Acceptance Signature: _____

Payment Terms: Net 30. Thank you for your business.