

INVOICE

Service Provider: _____

Address: _____

Invoice #: _____

Date: _____

Due Date: _____

Client / Fleet Manager:

Account ID: _____

Service Period:

From: _____

To: _____

Vehicle ID / VIN	Station Location	Energy (kWh)	Duration	Rate (\$/kWh)	Total
------------------	------------------	--------------	----------	---------------	-------

Subtotal: \$ _____

Idle Fees: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Payment Instructions: _____

Notes: _____