

INVOICE

Invoice #: _____

Date: _____

PROVIDER INFO

Name: _____

Address: _____

Port ID: _____

BILL TO

Renter Name: _____

Vehicle Model: _____

License Plate: _____

RENTAL PERIOD

Start Date/Time: _____

End Date/Time: _____

Total Duration: _____

Description	Usage / Units	Rate	Amount
Port Access Fee	_____	_____	_____

Description	Usage / Units	Rate	Amount
Energy Consumption (kWh)	_____	_____	_____
Parking/Idle Fees	_____	_____	_____
Subtotal: \$	_____		
Tax: \$	_____		
Total Due: \$	_____		

PAYMENT INSTRUCTIONS

Method: _____

Notes: Thank you for using this private charging port. Please ensure the cable is stowed correctly.