

INVOICE

Service Provider: _____

Invoice #: _____

Date: _____

BILL TO:

Name: _____

Address: _____

City/Zip: _____

VEHICLE / STATION INFO:

Vehicle: _____

Charger ID: _____

Location: _____

Description	Energy (kWh)	Rate (\$/kWh)	Total
EV Charging Consumption	_____	_____	\$ _____
Service/Network Fee	-	-	\$ _____
Standing Charge / Tax	-	-	\$ _____
Subtotal: \$ _____			
Tax Amount: \$ _____			
<hr/>			
Total Due: \$ _____			

Notes: _____

Payment Terms: Due upon receipt. Please make checks payable to the service provider listed above.