

INVOICE

Utility Service Provider Name

Street Address

City, State, Zip

Contact: (555) 000-0000

INVOICE #: [0000]

DATE: [MM/DD/YYYY]

DUE DATE: [MM/DD/YYYY]

CUSTOMER / BILLING INFORMATION

Name: _____

Service Address: _____

City, State, Zip: _____

Account Number: _____

TECHNICAL SPECIFICATIONS

Meter Type: [Electric / Water / Gas]

New Meter Serial #: _____

Old Meter Final Reading: _____

New Meter Initial Reading: _____

Description of Services/Hardware	Qty	Unit Price	Total
Digital Smart Meter Unit (Model: _____)	1	\$0.00	\$0.00
Standard Installation Labor Fee	1	\$0.00	\$0.00
Permit & Connection Fees	1	\$0.00	\$0.00

Description of Services/Hardware	Qty	Unit Price	Total
Disposal Fee (Old Meter)	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

TOTAL AMOUNT DUE: \$0.00

Notes: All installations include a 12-month manufacturer warranty. Please ensure the area around the meter remains clear for remote signal transmission.

Technician Signature: _____ **Date:** _____