

INVOICE

Utility Provider Name
123 Power Street
Energy City, ST 12345

Invoice #: _____
Date: _____
Account #: _____

Service Address:

Technician Details:

ID: _____
Work Order: _____

Description	Meter Serial #	Unit Cost	Total
Smart Meter Hardware (Electric/Water/Gas)	_____	\$ 0.00	\$ 0.00
Installation Labor & Calibration	-	\$ 0.00	\$ 0.00
Old Meter Disposal/Decommission Fee	_____	\$ 0.00	\$ 0.00

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes: Initial Meter Reading: _____ | Signal Strength: _____

Payment is due within 30 days. Please include invoice number on checks.