

[Enterprise Name]

Utility Audit & Recovery Division
[Address Line 1]
[City, State, Zip]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Company Name]
[Contact Name]
[Client Address]
[Client City, State, Zip]

RECOVERY PROJECT SUMMARY

Audit Period: [Start Date] - [End Date]
Utility Provider: [Provider Name]
Account Number: [Account #]

Description of Recovery Service	Recovered Amount	Fee (%)	Total Due
Overcharge Identification & Credit Recovery	\$0.00	0%	\$0.00
Tariff Optimization Savings (Refund Component)	\$0.00	0%	\$0.00

Description of Recovery Service	Recovered Amount	Fee (%)	Total Due
Utility Tax Exemption Recovery	\$0.00	0%	\$0.00

Subtotal: \$0.00
Adjustments: \$0.00
Total Amount Due: \$0.00

Payment Terms: Net 30. Please include invoice number with your remittance.

Wire/ACH Instructions: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business.