

UTILITY AUDIT EXPERTS

123 Efficiency Way
Analysis City, ST 90210
contact@utilityaudit.com

INVOICE

Invoice #: _____
Date: _____
Audit Period: _____

CLIENT INFORMATION

Entity Name: _____
Attention: _____
Address: _____
Account No: _____

UTILITY SUMMARY

Utility Provider: _____
Tariff Class: _____
Meter Number: _____

Description of Recovery / Savings	Reference Period	Gross Recovered	Fee %	Amount Due
Billing Error Refund - Historical Overcharge	_____ to _____	\$	%	\$
Tariff Reclassification Savings	_____ to _____	\$	%	\$

Description of Recovery / Savings	Reference Period	Gross Recovered	Fee %	Amount Due
Tax Exemption / Credit Recovery	____ to ____	\$	%	\$
Consulting / Administrative Fee	-	-	-	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

PAYMENT TERMS & INSTRUCTIONS

Please make checks payable to **Utility Audit Experts**. Wire transfer details available upon request. Payment is due within 30 days of invoice date. Late payments are subject to a 1.5% monthly finance charge.

Thank you for your business and commitment to energy efficiency.