

# UTILITY RATE ANALYSIS INVOICE

Analytical & Auditing Services

INVOICE NUMBER

[INV-0000]

**CONSULTANT DETAILS**

[Firm Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

**CLIENT / UTILITY ACCOUNT**

[Client Name]

[Facility/Property Name]

[Account Number]

[Service Address]

SERVICE DESCRIPTION	RATE/BASIS	HOURS/UNITS	AMOUNT
Historical Consumption Audit & Data Cleansing	\$0.00	0	\$0.00
Tariff Optimization & Rate Class Comparison	\$0.00	0	\$0.00
Peak Demand Impact Modeling	\$0.00	0	\$0.00
Shared Savings / Recovery Commission (%)	0%	-	\$0.00

Subtotal \$0.00

Tax (0%) \$0.00

Total Balance Due \$0.00

---

**PAYMENT TERMS & NOTES**

Analysis performed for billing cycle [Start Date] to [End Date]. Please remit payment within 30 days of invoice date.  
Electronic fund transfer preferred.