

INTERCONNECTION INVOICE

Distributed Generation Department

Invoice #: _____

Date: _____

UTILITY PROVIDER / REMIT TO

[Company Name]
[Department/Suite]
[Street Address]
[City, State, Zip]

APPLICANT / CUSTOMER

[Name / Entity]
[Project ID / Application #]
[Installation Address]
[City, State, Zip]

PROJECT DETAILS

System Capacity: _____ kW AC
Generation Type: _____ (Solar/Wind/Storage)
Interconnection Tier: _____

PAYMENT TERMS

Due Date: Upon Receipt
Method: Wire/ACH/Check

Item Code	Description of Interconnection Services / Study Fees	Amount (USD)
APP-FEE	Application Processing & Administrative Review Fee	\$
ENG-STD	Engineering Impact / System Reliability Study Fees	\$
FAC-UPG	Distribution Facility Upgrades & Metering Equipment	\$

Item Code	Description of Interconnection Services / Study Fees	Amount (USD)
WIT-INS	Witness Testing & Commissioning Oversight	\$

Subtotal: \$ _____
Tax/Regulatory Surcharge: \$ _____
Total Amount Due: \$ _____

Notice: Payment must be received before the interconnection process can proceed to the next phase. Please reference the Project ID on all payments. For billing inquiries, contact the Interconnection Coordinator at [Phone Number] or [Email Address].