

COMMERCIAL INVOICE

Business Name: _____

License #: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

SERVICE LOCATION:

Description of Electrical Services / Materials	Qty/Hrs	Rate	Amount
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Description of Electrical Services / Materials

Qty/Hrs

Rate

Amount

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Terms: Payment due within ____ days. Please make checks payable to _____.

Work Performed By: _____ **Date Completed:** _____