

# ELECTRICAL INSPECTION INVOICE

License No: \_\_\_\_\_

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## SERVICE PROVIDER

Company Name  
Street Address  
City, State, Zip  
Phone / Email

## BILL TO

Customer Name  
Property Address  
City, State, Zip  
Phone

Service Description	Qty/Hrs	Rate	Amount
Electrical Safety Inspection (Standard/Comprehensive)			
Code Compliance Review			
Panel / Circuit Testing			

Service Description	Qty/Hrs	Rate	Amount
Materials / Permit Fees			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

NOTES / FINDINGS:

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Payment Terms: Due upon receipt unless otherwise agreed.

Thank you for your business.