

EMERGENCY ELECTRICAL REPAIR

[Company Name] _____

[License Number] _____

[Phone / Email] _____

INVOICE #
DATE

BILL TO:
SERVICE LOCATION (IF DIFFERENT):

Description of Service / Parts	Qty/Hrs	Rate	Amount
Emergency Dispatch/Call-out Fee			
Labor:			
Parts:			

Subtotal:\$ _____

Tax:\$ _____

Total Due:\$ _____

WORK PERFORMED / NOTES:

Technician Signature

Customer Signature

Thank you for your business. Emergency service terms apply.