

# INVOICE

License #: \_\_\_\_\_

**[Business Name]**

[Street Address]

[City, State, Zip]

[Phone Number]

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**BILL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Service / Part Description	Qty/Hrs	Rate	Amount
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Subtotal: \$ \_\_\_\_\_

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

**TOTAL DUE: \$ \_\_\_\_\_**

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**Payment Terms:** \_\_\_\_\_

**Notes/Safety Certification:**

\_\_\_\_\_

\_\_\_\_\_

Electrician Signature: \_\_\_\_\_

Customer Signature: \_\_\_\_\_