

[Company Name]
[Street Address]
[City, State, Zip]
[License Number]
[Phone/Email]

INVOICE

BILL TO:

[Client Name]
[Business Address]
[City, State, Zip]
[Contact Person]
Invoice #: [00000]
Date: [MM/DD/YYYY]
Project Name: [Project Name]
PO Number: [PO #]

Description of Electrical Services/Materials	Qty/Hrs	Rate	Total

Subtotal: \$0.00
Tax: \$0.00

Total Due: \$0.00

Terms: Payment is due within [X] days. Please make checks payable to [Company Name].
Notes: All work performed in accordance with NEC standards.