

# ELECTRICIAN SERVICE INVOICE

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

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

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

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## SERVICE PROVIDER

### Business Name

Street Address

City, State, Zip

Phone: (555) 000-0000

Email: name@electrician.com

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## BILL TO

### Customer Name

Service Address

City, State, Zip

Phone: (555) 000-0000

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## SERVICE DESCRIPTION / JOB SCOPE

[Enter details of electrical work performed, e.g., Panel Upgrade, Troubleshooting, Rewiring]

Labor & Services	Hours	Rate	Total
Service Call / Diagnostic Fee		\$	\$
Electrician Labor		\$	\$

Materials & Parts	Qty	Unit Price	Total
[Item Name/Description]		\$	\$
[Item Name/Description]		\$	\$
[Item Name/Description]		\$	\$

**Labor Subtotal:** \$ \_\_\_\_\_  
**Materials Subtotal:** \$ \_\_\_\_\_  
**Tax (\_\_\_\_%):** \$ \_\_\_\_\_  
**TOTAL DUE:** \$ \_\_\_\_\_

**Payment Terms:** Due within \_\_\_\_ days. Make checks payable to Business Name.

**Warranty:** All electrical work is guaranteed for \_\_\_\_ year(s) from the date of completion. Materials are subject to manufacturer warranty.

Thank you for your business!