

ELECTRICAL INSPECTION INVOICE

Business Name / License # _____

Address & Phone _____

INVOICE #
DATE

CLIENT DETAILS

Name: _____

Service Address: _____

Contact Number: _____

INSPECTION PROPERTY INFO

Property Type (Res/Comm): _____

Panel Location: _____

Permit # (if applicable): _____

Description of Inspection Services	Qty/Hrs	Rate	Total

Subtotal: \$ _____

Tax: \$ _____

Amount Due: \$ _____

NOTES / FINDINGS SUMMARY:

Payment is due within ____ days. Please make checks payable to the business name listed above.