

[COMPANY NAME]
ELECTRICAL CONTRACTOR LICENSE: # _____

INVOICE

Invoice #: _____

Date: _____

SERVICE PROVIDER

[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

BILL TO

[Client Name]
[Client Street Address]
[City, State, Zip]
[Client Phone]

Description of Service / Materials	Quantity / Hrs	Unit Price	Total

Subtotal: \$0.00
Tax: \$0.00

Total: \$0.00

Notes: All work performed in accordance with National Electrical Code (NEC) standards. Warranty valid for [0] months on installation labor.

Payment Terms: Due within [0] days. Please make checks payable to [Company Name].