

INVOICE

24/7 EMERGENCY SERVICE

[Company Name]

[Address Line 1]

[Address Line 2]

License #: [000000]

Phone: [Phone Number]

BILL TO:

[Customer Name]

[Service Address]

[Phone Number]

Invoice #: [001]

Date: [MM/DD/YYYY]

Call-Out Time: [00:00 AM/PM]

Description of Work	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee (After Hours)	1	\$	\$
Electrical Diagnostic & Labor		\$	\$
Parts/Materials Used: [Description]		\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Work Completion Notes: [Brief description of repair/safety status]

Payment is due upon completion of emergency services. Thank you for your business.