

INVOICE

LICENSED ELECTRICAL CONTRACTOR # _____

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

BILL TO:

[Customer Name]
[Service Address]
[Phone/Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Description of Service / Materials	Qty/Hrs	Rate	Amount
[Service Description]	0.00	\$0.00	\$0.00
[Materials/Parts]	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Notes: All work performed in accordance with NEC standards. Warranty period: [X] Days.

Payment Instructions: Please make checks payable to [Company Name].