

INVOICE

[Your Name/Business Name]

[License Number]

[Street Address]

[City, State, Zip]

[Phone Number]

Invoice #: [000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]

[Client Address]

[Client Phone/Email]

SERVICE LOCATION:

[Job Site Address]

[Job Description/Reference]

Description of Service / Materials	Quantity / Hrs	Rate	Amount
[Service Name/Labor Description]	0.0	\$0.00	\$0.00
[Material/Part Name]	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to **[Your Name]**.

Bank Transfer: [Bank Name] | Acc: [Account Number] | Routing: [Routing Number]

Thank you for your business! All electrical work performed according to local code standards.