

# INVOICE

**[Subcontractor Name]**

[License Number]

[Business Address]

[Phone / Email]

**Invoice #:** [0000]

**Date:** [MM/DD/YYYY]

**Project Name:** [Project Name/Ref]

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BILL TO (PRIME CONTRACTOR)

**[Company Name]**

[Contact Person]

[Address]

[City, State, Zip]

JOB LOCATION

[Site Name]

[Site Address]

[Permit Number]

Description of Electrical Services / Materials	Qty/Hrs	Rate	Amount
[Rough-in, Trim-out, Panel Upgrades, etc.]			
[Material Reimbursements / Fixtures]			

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

PAYMENT TERMS & NOTES

Payment due within [X] days. Please make checks payable to **[Subcontractor Name]**.  
All work performed according to local electrical codes and safety standards.