COMMERCIAL LIGHTING CONTROLS

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/License #]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Client Name]
[Company Name]
[Address]
[City, State, Zip]

PROJECT SITE

[Project Name]
[Site Address]
[City, State, Zip]

Part/ID	Description (Hardware, Programming, Commissioning)	Qty	Unit Price	Amount

Part/ID	Description (Hardware, Programming, Commissioning)	Qty	Unit Price	Amount

Subtotal: $0.00
Tax: $0.00
TOTAL DUE: $0.00

Notes: All systems commissioned per Title 24/ASHRAE 90.1 specifications unless otherwise noted. Net 30 terms apply.

Thank you for your business.