

INVOICE

Solar Power Wiring & Cabling Services

Invoice #: _____

Date: _____

FROM:

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

BILL TO:

[Client Name]
[Installation Address]
[City, State, Zip]
[Phone]

Description (Cabling/Wiring/Connectors)	Qty/Length	Unit Price	Total
DC Solar Cable (4mm/6mm) - UV Resistant			
MC4 Connectors / Branch Connectors			
Conduit & Mounting Hardware			
AC Wiring & Distribution Board Integration			

Description (Cabling/Wiring/Connectors)	Qty/Length	Unit Price	Total
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Labor: Wiring Installation & Testing			
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Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Payment Terms: Due within ____ days. Please include invoice number with payment.

Certification: All wiring complies with NEC/Local Electrical Codes.

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