COMPANY NAME

INVOICE

PHONE

EMAIL

ELECTRICAL LICENSE #

INSURED BY

INVOICE #

DATE

DUE DATE

BILL TO

CLIENT NAME

PHONE / EMAIL

JOB ADDRESS

STREET

CITY / STATE / ZIP

WORK COMPLETED

Permit #: _____ Inspection passed on: _____

LINE ITEMS

#	ITEM (LABOR, DEVICES, FIXTURES, MATERIALS, OR PERMIT)	QTY / HRS	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				

Subtotal

Tax

Amount paid

Balance due

PAYMENT TERMS

Balance due on passed inspection.

Permit: at cost plus handling.

Pay by: cash / check / card / transfer (circle)

Late payment fee: _____

NOTES

Thank you for your business.

Payment is due by the due date above. Questions about this invoice? Use the phone or email in the header.

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