

INVOICE

Invoice No.	
Date	
Due Date	

CUSTOMER INFO

Name

Address

Phone

Email

JOB DETAILS

Service Loc.

Technician

Permit No.

System Type

DESCRIPTION OF ELECTRICAL SERVICE / PARTS	QTY	UNIT PRICE	AMOUNT

WORK NOTES / RECOMMENDATIONS

Subtotal

Parts Total

Labor Total

Tax Rate

Total Due

Technician Signature

Customer Acceptance Signature