ELECTRICAL INVOICE

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From (Your Business)

Name: _____

Address: _____

Phone: _____

Email: _____

Bill To (Client)

Name: _____

Address: _____

Phone: _____

Email: _____

Invoice #: _____

Invoice Date: _____

Due Date: _____

Payment Terms: Net 30

Description	Qty	Rate	Amount
e.g. Panel inspection & load assessment	*1*	*$150.00*	
e.g. Outlet / switch installation (per unit)	*6*	*$85.00*	
e.g. Wire, breakers & materials	*1*	*$220.00*	

Subtotal _____

Tax (%) _____

TOTAL _____

Notes / Payment Instructions

Tip: Reference the permit number and inspection date on the invoice for any work that required a permit.

Prefer auto-calculated totals? Create this invoice free online at www.invoicepenguin.com — no sign-up required.