ELECTRICAL SERVICE INVOICE

ELECTRICAL CONTRACTOR

Business name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Job no. _____

BILL TO (CLIENT)

Client name _____ Phone / email _____

Service address _____

JOB

Work done _____

Work date _____ Permit no. _____

Inspection _____

SERVICE CALL

Item	Details	Qty	Unit	Rate	Amount

Service call subtotal

LABOR

Item	Details	Qty	Unit	Rate	Amount

Labor subtotal

MATERIALS AND PARTS

Item	Details	Qty	Unit	Rate	Amount

Materials subtotal

PERMIT FEES, PASSED THROUGH AT COST

Item	Details	Qty	Unit	Rate	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Sales tax on materials, if applicable (_____%)	
Permit fees, passed through at cost	
Total	
Less: deposit received	
Amount due	

JOB NOTES

_____

_____

Please quote the invoice number with your payment.