|  |  |
| --- | --- |
| Phone: | Street: |
| Email: | City & State: |
| Website: | ZIP: |



**ELECTRICIAN**

**INVOICE**

Company Name

|  |  |  |
| --- | --- | --- |
| BILL TO |  | Name: |
| Invoice Number: |  | Street: |
| Date Issued: |  | City, State, Country: |
| Due Date: |  | Phone: |

INVOICE TOTAL

$0.00

|  |
| --- |
| REQUIRED MATERIALS |
| Quantity | Description | Unit Price | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Material |  |
| LABOR |
| Hour | Description | $ / Hour | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Labor |  |
|  |  | Subtotal |  |
|  |  | Sales Tax |  |
| Payment is due within # \_\_\_ of days. | **TOTAL** |  |
| Comments or Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |