

ELECTRICIAN INVOICE



Phone:

Street:

Email:

City & State:

Website:

ZIP:

BILL TO

Name:

INVOICE TOTAL

Invoice Number:

Street:

Date Issued:

City, State, Country:

Due Date:

Phone:

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: _____