INVOICE

Invoice no.

Invoice date

Due date

FROM

Business name

Address

Phone / email

BILL TO

Customer name

Address

Phone / email

Service address

Date(s) of service

WORK COMPLETED

List circuits or fixtures, material specifications, access and the agreed installation scope.

Description	Unit	Qty	Rate	Amount
Service Call Fee	each			
Outlet Installation	each			
Light Fixture Installation	each			
Circuit Breaker Replacement	each			
Whole-Home Rewire (per sqft	sq ft			

HOW TO PAY

Who to make a check out to, bank transfer details or a pay link, and any late fee.

NOTES

Subtotal	
Tax rate (%)	
Tax	
Total	
Amount paid	
Balance due	