# Electrical Contractor Invoice

**Your Company Name**Your Address  
City, State, ZIP  
*Phone Number:   
Email Address:   
Website:*

**Invoice To:**Client's Name  
Client's Address  
City, State, ZIP  
Client's Phone Number | Client's Email Address

Invoice Number: 12345  
Invoice Date: MM/DD/YYYY  
Due Date: MM/DD/YYYY

## Services Provided

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Service | Quantity | Rate | Total |
| Electrical Inspection | 1 | $100 | $100 |
| Wiring Installation | 10 hours | $50/hr | $500 |
| Circuit Breaker Replacement | 2 | $150 | $300 |

Subtotal: $900  
Sales Tax (8%): $72  
Total Due: $972

**Payment Terms**Please make all checks payable to Your Company Name. Payment is due within 30 days from the invoice date. Late payments may incur a late fee of 1.5% per month on the outstanding amount.

**Notes**Thank you for choosing Your Company Name for your electrical needs. We appreciate your business and look forward to serving you again.

Payment Methods: Check, Credit Card, Bank Transfer, Online Payment

Thank You for Your Business!