

# Your Company Name

123 Your Street  
Your City, ST 00000  
(555) 010-0100  
office@yourcompany.example  
www.yourcompany.example  
License #LIC-000000  
Licensed and insured — certificate on request

# INVOICE

No. **INV-1001**  
Date **Sep 1, 2026**  
Due **Sep 15, 2026**

## BILL TO

### Client Name

456 Client Street  
Their City, ST 00000  
(555) 010-0200  
client@example.com

| DESCRIPTION                                  | QTY | UNIT | RATE       | TAX | AMOUNT                      |
|----------------------------------------------|-----|------|------------|-----|-----------------------------|
| <strong>EQUIPMENT</strong>                   |     |      |            |     |                             |
| 200A panel upgrade, meter main combo         | 1   | ea   | \$2,850.00 | T   | \$2,850.00                  |
| Level 2 EV charger circuit, 60A, up to 40 ft | 1   | ea   | \$1,150.00 | T   | \$1,150.00                  |
| Generator interlock kit, panel-mounted       | 1   | ea   | \$425.00   | T   | \$425.00                    |
| <strong>MATERIALS</strong>                   |     |      |            |     |                             |
| Dedicated 20A circuit, up to 50 ft           | 1   | ea   | \$385.00   | T   | \$385.00                    |
| Recessed LED can, supplied and installed     | 1   | ea   | \$145.00   | T   | \$145.00                    |
| GFCI receptacle, replace and test            | 1   | ea   | \$95.00    | T   | \$95.00                     |
| <strong>LABOR</strong>                       |     |      |            |     |                             |
| Ceiling fan, install on existing box         | 1   | ea   | \$185.00   |     | \$185.00                    |
| Load calculation and service assessment      | 1   | ea   | \$175.00   |     | \$175.00                    |
| Subtotal                                     |     |      |            |     | \$5,410.00                  |
| Tax (8.25%)                                  |     |      |            |     | \$416.63                    |
| <strong>Total</strong>                       |     |      |            |     | <strong>\$5,826.63</strong> |

T = taxable line

## HOW TO PAY

Check or Zelle to Your Company Name. Please reference the invoice number.

## NOTES

Work completed as described on estimate EST-1001.

## TERMS

Payment is due within 14 days of the invoice date. Thank you for your business.



| DESCRIPTION | QTY | UNIT | RATE | TAX | AMOUNT |
|-------------|-----|------|------|-----|--------|
| Accepted by |     | Date |      |     |        |