

Utility Provider Name

Address Line 1

City, State, ZIP

Contact: (XXX) XXX-XXXX

Email: info@utility.com

Utility Payment Invoice

Invoice No: INV-000000

Date: YYYY-MM-DD

Billing Period: MMMM YYYY

Billed To:

Customer Name

Account No: 12345678

Address Line 1

City, State, ZIP

Description	Usage	Unit	Rate	Amount
Electricity	_____	kWh	_____	_____
Water	_____	m ³	_____	_____
Gas	_____	unit	_____	_____
Other Services	_____	unit	_____	_____

Subtotal _____

Tax (%) _____

Total Due _____

Due Date YYYY-MM-DD

Note:

- Please make payment by the due date to avoid late fees.
- For questions, contact our support at info@utility.com or (XXX) XXX-XXXX.