

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	____	m³	____	____
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.