

Electrical Repair Invoice

Technician / Company

Name or Company _____

Address _____

Phone _____

Email _____

Client

Client Name _____

Address _____

Phone _____

Email _____

Invoice Details

Invoice # _____

Date _____

Due Date _____

Repair Service Details

Description of Service / Part	Qty	Unit Price	Line Total
Service/Part			
Service/Part			
Service/Part			

Subtotal _____

Tax _____

Total _____

Additional Notes _____

Technician Signature

Client Signature