



UTILITY INVOICE

UTILITY COMPANY _____
ADDRESS _____
CONTACT _____

INVOICE # _____ DATE _____
DUE DATE _____ BILLING PERIOD _____

CUSTOMER NAME _____
SERVICE ADDRESS _____
ACCOUNT # _____

Service/Utility	Description	Usage/Qty	Unit Price	Amount

Subtotal _____
Tax _____
Total Due _____

NOTES

Additional information or payment instructions...