

# Electrical Repair Service Invoice

**From:**

Electrician Company Name  
Address Line 1  
Address Line 2  
Phone: (123) 456-7890  
Email: info@electrician.com

**To:**

Client Name  
Address Line 1  
Address Line 2  
Phone: (987) 654-3210  
Email: client@email.com

**Invoice #:** 00123**Date:** 2024-06-30**Due Date:** 2024-07-14**Description of Services & Parts**

Description	Quantity	Unit Price	Total
Replace Faulty Outlet	2	\$35.00	\$70.00
Install New Light Fixture	1	\$60.00	\$60.00
Electrical Wire (per foot)	25	\$0.80	\$20.00
<b>Subtotal</b>			<b>\$150.00</b>
<b>Tax (10%)</b>			<b>\$15.00</b>
<b>Total Due</b>			<b>\$165.00</b>

**Notes**

Thank you for your business. Payment is due within 14 days. Please make all checks payable to Electrician Company Name.

**Authorization**

**Authorized By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_