Invoice



Date: Invoice Number: CSLB Number:

| W | | | |
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INSTALLATION SITE

Payment Terms: Due Date:

JOB DESCRIPTION

| DESCRIPTION | QTY | UNIT PRICE | COST | TYPE Costs for EVI Project: DCFC, L2, DCFC and L2 or Non-EVI Project Cost | TAXED? |
|----------------------------------|-----|------------|------|--|--------|
| Equipment - Include Make & Model | | | | | |
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| Installation | | | | | |
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| Design Costs | | | | | |
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| Other Costs | | | | | |
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| | | Subtotal | | | |
| | | Shipping | | | |
| | | Taxes | | | |
| Place Paid Stamp with Date Here | | TOTAL | | | |