INVENTORY STORAGE INVOICE

INVOICE #
DATE

STORAGE PROVIDER / REMIT TO:
CLIENT / BILL TO:

STORAGE PERIOD START
STORAGE PERIOD END
WAREHOUSE LOCATION

Description of Goods / SKU	Quantity/Pallets	Storage Type	Rate per Unit	Total

NOTES / HANDLING CHARGES:

Subtotal: $
Tax Rate (%):
Total Due: $

Terms: Net 30 Days. Please make checks payable to the provider listed above.