INVOICE

Overflow Warehouse Storage

Invoice #: _____

Date: _____

WAREHOUSE FROM:
BILL TO:

Item / Lot ID	Storage Period	Quantity / Pallets	Rate per Unit	Amount

Notes / Handling Instructions:
Subtotal: $ _____
Handling Fees: $ _____
Tax: $ _____

Total Due: $ _____

Terms: Net 30 Days. Please make checks payable to Overflow Warehouse Solutions.

Thank you for your business.