WHITE GLOVE INVOICE

Invoice #: _____
Date: _____

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO:

[Client Name]
[Address]
[City, State, Zip]
[Phone]

DELIVERY LOCATION:

[Recipient Name]
[Address]
[City, State, Zip]
[Special Instructions]

Item Description	Qty	Condition Note	Amount

SERVICE COMPLETION CHECKLIST
Room of Choice Placement
Unpacking & Debris Removal
Professional Assembly
Multi-point Inspection

Delivery Subtotal: $_____
Assembly Fees: $_____
Tax: $_____
Total Due: $_____

Customer Signature (Received in Good Condition)

Delivery Lead Signature

Thank you for your business.