WHITE GLOVE MOVING

Premium Relocation Specialists

INVOICE

_____
Date: _____

CLIENT INFORMATION

Name: _____
Origin: _____
Destination: _____

SERVICE DETAILS

Move Date: _____
Crew Lead: _____
Inventory Ref: _____

DESCRIPTION OF SERVICES	QUANTITY/HRS	RATE	AMOUNT
Professional Packing (White Glove Standards)			
Transportation & Logistics			
Furniture Disassembly & Protection			
Valuation Coverage / Insurance			

DESCRIPTION OF SERVICES	QUANTITY/HRS	RATE	AMOUNT
Specialty Item Handling (Art/Piano/Wine)			

Subtotal: $ _____
Fuel Surcharge: $ _____
TOTAL DUE: $ _____

Terms: Payment is due upon completion of delivery. We appreciate your business.

Contact: inquiries@whiteglovemoving.com | Tel: (555) 000-0000