CRANE & RIGGING SERVICES

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Company Name]
[Address]
[Phone/Email]

JOB SITE:

[Project Name/Number]
[Site Address]
[Site Contact Name]

Crane Model: _____
Operator: _____
Rigging Weight: _____
Arrival Time: _____
Departure Time: _____
Total Hours: _____

Description of Service / Equipment	Qty / Hrs	Rate	Amount
Crane Rental - Main Unit			

Description of Service / Equipment	Qty / Hrs	Rate	Amount
Rigging Crew / Signal Person			
Mobilization / Demobilization			
Permits & Special Handling			

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Terms: Payment due upon receipt or within [X] days. Please make checks payable to: [Company Name]

Notes: All rigging performed according to ASME B30 standards. Damage claims must be reported within 24 hours.