RELOCATION INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Vendor / Moving Co.
[Name]
[Street Address]
[City, State, Zip]
[Phone/Email]
Bill To (Company)
[Employer Name]
[Department/Attention]
[Street Address]
[City, State, Zip]

Employee Details

Name: _____ Employee ID: _____

Description of Services / Expenses	Quantity/Units	Unit Price	Total
Household Goods Shipping/Transportation			
Packing Materials & Labor			
Temporary Storage Fees			
Travel Expenses (Airfare/Fuel)			

Description of Services / Expenses	Quantity/Units	Unit Price	Total
Lodging (Transition Period)			
Miscellaneous Reimbursable Fees			

Subtotal: $ _____
Tax: $ _____

Total Amount: $ _____

Payment Instructions & Notes

Please make checks payable to [Vendor Name] or use the following wire transfer details: [Details].
Relocation authorized by: _____