RENTAL INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

CUSTOMER / BILLING

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

JOB SITE / DELIVERY

[Project Name/Site ID]
[Site Address]
[Site Contact Name]
[Contact Phone]

EQUIPMENT DESCRIPTION (MODEL/VIN/UNIT #)	RENTAL PERIOD	RATE (DAILY/WEEKLY)	QTY	TOTAL

ADDITIONAL FEES (DELIVERY, FUEL, INSURANCE, CLEANING)	AMOUNT

Subtotal: $ _____
Tax (%): $ _____
Grand Total: $ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: Equipment must be returned with a full tank of fuel to avoid surcharges. Report any mechanical issues immediately.