INVOICE

Company Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Customer Name
Address Line 1
City, State, Zip
Phone: _____

PROJECT/SITE:

Job Name/Location: _____
PO Number: _____
Operator Name: _____

Equipment Description & Model	Hours/Days	Rate	Amount
Excavator Rental (Serial #: _____)			
Delivery / Mobilization Fee			
Fuel Surcharge / Refueling			
Attachments (Bucket, Hammer, etc.)			

Subtotal: $0.00
Tax Rate (%): 0.00%

Tax Amount: $0.00

TOTAL DUE: $0.00

Notes & Terms:

Please make checks payable to: [Company Name]
Rental period includes all time equipment is out of shop. Any damage beyond normal wear and tear will be billed to the customer.