

# EQUIPMENT INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_  
**Job Site:** \_\_\_\_\_

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**BILL TO:**

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

**RENTAL/SERVICE PERIOD:**

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Equipment Description / Model #	Qty	Rate (Daily/Weekly)	Duration	Amount
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**NOTES / FUEL & DAMAGE TERMS:**

[Insert terms regarding mobilization, cleaning fees, or insurance requirements.]

**Subtotal: \$0.00**  
**Delivery/Mob: \$0.00**  
**Tax: \$0.00**  
**TOTAL: \$0.00**

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Make all checks payable to [Company Name]. Payments due within [X] days of invoice date.