

INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Client Name]
[Project Name/Site]
[Address]
[Phone]

Equipment Description	Hours/Days	Rate	Amount
[Model/Type - ID#]			
[Model/Type - ID#]			
Delivery / Pickup Fee	-	-	
Fuel / Cleaning Charges	-	-	

Subtotal: \$ _____

Tax ([_] %): \$ _____

Total Amount Due: \$ _____

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

Notes: Equipment inspected and returned in good condition except as noted.