

CRANE RENTAL INVOICE

Company Name
Address Line 1
Phone/Email

Invoice #: _____

Date: _____

LESSEE / BILL TO:

JOB SITE LOCATION:

Crane Model / Description	Operator Name	Start Date/Time	End Date/Time	
Description of Services / Equipment	Quantity/Hours	Rate	Total	
Crane Rental Base Rate				
Operator Labor				
Mobilization / Rigging Fee				
Permits / Other Fees				

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Terms & Conditions:

All rentals are subject to the terms of the master crane rental agreement. The lessee is responsible for ground conditions and signaling unless otherwise specified. Payment is due within ___ days.

Lessor Signature

Lessee / Authorized Representative Signature

Thank you for your business.