[COMPANY NAME]

[Address Line 1]
[Phone Number]
[Email/Website]

RENTAL INVOICE

Invoice #: _____
Date: _____

CUSTOMER / BILLING INFORMATION **[Customer Name]**
[Customer Address]
[Phone / Contact Person]
PROJECT / DELIVERY SITE [Job Name / Number]
[Site Address]
[Project Manager]

RENTAL PERIOD Start Date: _____
End Date: _____
EQUIPMENT METER READING Out: _____ hours/miles
In: _____ hours/miles

EQUIPMENT ID	DESCRIPTION	QTY	RATE (DAY/WK/MO)	TOTAL

Subtotal: $ _____

Delivery/Fuel Fees: $ _____

Insurance/Tax: $ _____

GRAND TOTAL: $ _____

Terms & Conditions: Payment is due within [X] days. Late returns are subject to additional hourly charges. Customer is responsible for equipment damage during the rental period.

_____
AUTHORIZED SIGNATURE

_____
CUSTOMER SIGNATURE