

PAVING EQUIPMENT RENTAL

Company Name
123 Industrial Way
City, State, Zip
Phone: (555) 000-0000

INVOICE #: _____
DATE: _____
DUE DATE: _____

RENTER / BILL TO:

Contact: _____

JOB SITE LOCATION:

PO Number: _____

| Equipment Description (Model/ID) | Rental Period | Qty | Rate (Day/Week) | Amount |
|----------------------------------|---------------|-----|-----------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal: \$ _____
Delivery/Pickup Fee: \$ _____
Fuel/Environmental: \$ _____
Tax (____ %): \$ _____
TOTAL DUE: \$ _____

TERMS & NOTES:

Rental subject to standard maintenance and cleaning requirements. Please report any mechanical issues immediately. Payments due within 30 days of invoice date.