[COMPANY NAME]
[ADDRESS, PHONE, EMAIL]

INVOICE

Invoice #: _____

Date: _____

BILL TO:
[Client Name]
[Project Name / Site Address]
[Client Contact Info]

Equipment Description	Serial #	Period	Rate	Amount
Total Station / GNSS Receiver	_____	__ Days	$0.00	$0.00
Tripod / Prism Pole / Accessories	_____	__ Days	$0.00	$0.00
Data Collector / Software Subscription	_____	__ Days	$0.00	$0.00

Subtotal: $0.00
Damage Waiver: $0.00
Tax: $0.00

Total: $0.00

Terms: Net 30 Days. Equipment must be returned in clean, working condition to avoid recalibration fees.

Notes: [Project Reference or Return Instructions]