

INVOICE

[WELDING SHOP NAME]

[Street Address]

[City, State, Zip]

[Phone Number]

Invoice #: _____

Date: _____

Due Date: _____

CUSTOMER:

[Customer Name]

[Company]

[Address]

[Phone]

RENTAL PERIOD:

Start Date: _____

End Date: _____

Project Ref: _____

Equipment Description (Model/Serial #)	Qty	Rate (Day/Week)	Duration	Total
Consumables / Accessories (Gas, Rods, PPE)	Qty	Unit Price	Total	

Subtotal: \$ _____

Tax: \$ _____

Security Deposit: \$ _____

Amount Due: \$ _____

Terms: Equipment must be returned in clean, working condition. Damaged or lost items will be billed at full replacement value.

Customer Signature: _____ Date: _____