

RENTAL INVOICE

Invoice #: _____

Date: _____

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

CUSTOMER / LESSEE:

Name: _____

Address: _____

Phone: _____

JOB SITE LOCATION:

Address: _____

Site Contact: _____

PO Number: _____

Equipment Description (Make/Model/ID)	Rental Period (Start - End)	Rate (Day/Week)	Total
Telehandler Unit: _____	____/____/____ to ____/____/____	\$ _____	\$ _____
Additional Fees / Meter Readings	Units/Qty	Price	Total
Delivery & Pickup Fee			\$ _____

Additional Fees / Meter Readings	Units/Qty	Price	Total
Fuel Surcharge / Refueling Fee			\$ _____
Damage Waiver / Insurance			\$ _____
Engine Hours (Start: _____ End: _____)			\$ _____
Subtotal	\$ _____		
Tax (%)	\$ _____		
GRAND TOTAL	\$ _____		

Terms & Conditions:

Equipment must be returned in the same condition as received. Lessee is responsible for daily maintenance, fluid checks, and safe operation. Late returns are subject to additional daily rates. All rentals are subject to the master rental agreement signed on file.

Authorized Signature (Lessee)

Date