INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

LESSEE / CLIENT:

[Name/Production Co]
[Address]
[Phone/Email]

RENTAL PERIOD:

Pick-up: _____ Time: _____
Return: _____ Time: _____

Equipment Description	Qty	Day Rate	Days	Total

Subtotal: $_____

Insurance/Damage Waiver: $_____

Tax: $_____

Grand Total: $_____

Security Deposit: $_____

TERMS AND CONDITIONS:

1. Equipment is rented in good working condition and must be returned in the same state. 2. Lessee is responsible for all damage, loss, or theft. 3. Late returns will incur additional daily charges. 4. Proof of insurance may be required for high-value rentals. 5. Cancellation fees apply as per company policy.

Lessor Signature

Lessee Signature