RENTAL INVOICE

Portable Flash Equipment Co.

Invoice #: _____
Date: _____

PROVIDER

[Street Address]
[City, State, Zip]
[Phone / Email]

RENTER

[Client Name]
[Address]
[Project Reference]

RENTAL START DATE

___ / ___ / 20___

EXPECTED RETURN

___ / ___ / 20___

Item Description (Model/Serial)	Qty	Rate (Daily/Weekly)	Days	Total
Strobe Unit / Power Pack				
Battery Pack / Trigger Set				
Light Modifier (Softbox/Umbrella)				
Stands & Grip Gear				

Rental Subtotal: $_____
Damage Waiver / Insurance: $_____
Tax: $_____

Total Due: $_____

TERMS & CONDITIONS

Equipment must be returned in the same condition as received. Late returns are subject to additional daily fees. Deposit of $_____ held until inspection.

X _____
Renter Signature
X _____
Date