TRACTOR RENTAL INVOICE

Invoice #: _____
Date: _____

Service Provider:
Name: _____
Address: _____
Phone: _____
Customer / Lessee:
Name: _____
Address: _____
Field Loc: _____

Equipment Description / Model	Rental Period (Days/Hrs)	Rate	Total
_____	_____	_____	_____
_____	_____	_____	_____
Attachment/Implement: _____	_____	_____	_____

Subtotal: $_____

Fuel/Surcharge: $_____

Grand Total: $_____

Notes / Terms:

Equipment must be returned clean and with a full tank of fuel. Damage during rental period is the responsibility of the lessee.

Provider Signature: _____

Customer Signature: _____