

RENTAL INVOICE

INVOICE #
DATE

LESSOR (PROVIDER)
LESSEE (CUSTOMER)

EQUIPMENT MODEL / VIN
RENTAL PERIOD (START - END)

| Description of Equipment/Service | Hours/Days | Rate | Amount |
|----------------------------------|------------|------|--------|
| | | | |
| | | | |
| | | | |

Subtotal
Tax / Insurance
Total Due

LESSOR SIGNATURE
LESSEE SIGNATURE

Thank you for your business. Please ensure equipment is returned with a full fuel tank to avoid additional charges.