STORAGE INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

CLIENT / EXHIBITOR

[Client Name]
[Company]
[Address]
[Email/Phone]

BOOTH/ASSET DETAILS

Booth ID: _____
Show Name: _____
Storage Period: _____

Item Description / Asset ID	Dimensions/Crate Qty	Monthly Rate	Duration	Total
Main Exhibit Structure Storage		$		$
Crate / Pallet Storage		$		$
AV & Electronics Handling		$		$
In/Out Handling Fees (Drayage)				$

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

TERMS & INSTRUCTIONS

Please make checks payable to **[Your Company Name]**.

Storage fees are billed in advance. Late payments may result in a lien against stored assets or additional handling fees. Please notify us 14 days prior to required ship-out date.