LINEN SERVICES CORP

123 Industrial Way
Manufacturing District
Phone: (555) 010-9988

INVOICE

Date: _____
Invoice #: _____
Route #: _____

BILL TO

_____
_____
_____

SERVICE LOCATION

_____
_____
_____

Item Description	Delivery Qty	Return Qty	Loss/Damage	Unit Price	Total
Bed Sheets (King/Queen)					
Pillowcases					
Bath Towels (Heavyweight)					

Item Description	Delivery Qty	Return Qty	Loss/Damage	Unit Price	Total
Table Linens (White/Standard)					
Industrial Uniforms / Coveralls					
Floor Mats / Scrapers					

Rental Subtotal: $ _____
Replacement Fees: $ _____
Service/Fuel Surcharge: $ _____
Total Amount Due: $ _____

Terms: Net 30 Days. Please include invoice number with payment.

Driver Signature: _____ **Customer Signature:** _____