LINEN RENTALS

[Company Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

EVENT DETAILS:

Event Date: _____
Return Date: _____
Venue: _____

Item Description (Size/Color)	Quantity	Unit Price	Rental Period	Total

Item Description (Size/Color)	Quantity	Unit Price	Rental Period	Total

Subtotal: $_____
Cleaning Fee: $_____
Security Deposit: $_____
TOTAL DUE: $_____

Terms & Conditions: All linens must be free of wax and heavy debris upon return. Damaged, burned, or missing items will be billed at full replacement cost. Security deposit is refundable pending inspection.