LINEN RENTAL INVOICE

Company Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Order #: _____

Bill To:

Restaurant Name
Contact Name
Address Line 1
City, State, Zip

Delivery Details:

Delivery Date: _____
Pickup Date: _____
Route #: _____

Item Description (Size/Color)	Qty Out	Qty Return	Unit Price	Total
Tablecloth, Rectangular (90" x 132")				
Tablecloth, Round (120")				
Cloth Napkins (Set of 25)				
Table Runners				

Item Description (Size/Color)	Qty Out	Qty Return	Unit Price	Total
Kitchen Towels / Aprons				
Loss/Damage Replacement Fee				

Subtotal: $_____
Delivery Fee: $_____
Tax: $_____
Amount Due: $_____

Terms: Payment is due within ___ days. Please make checks payable to [Company Name].

Note: All shortages or damages must be reported within 24 hours of delivery.