INVOICE

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

Invoice #: _____
Date: _____
Service Period: _____

BILL TO:

[Customer Name]
[Establishment Name]
[Billing Address]
[City, State, Zip]

DELIVERY LOCATION:

[Address Name/Unit]
[Street Address]
[City, State, Zip]

Item Description	Quantity	Unit Price	Total
Bath Towels (White)			
Hand Towels			
Bed Sheets (King/Queen/Twin)			
Pillow Cases			
Bath Mats			

Item Description	Quantity	Unit Price	Total
Laundering/Service Fee	1		

Subtotal: $ _____
Tax: $ _____
Delivery Fee: $ _____

TOTAL DUE: $ _____

Notes / Return Policy:
All rented linens remain the property of [Company Name]. A replacement fee will be charged for any items returned damaged or missing. Payment is due within [X] days.