PURCHASE INVOICE

Invoice #: _____
Date: _____

Vendor / Service Provider:
Name: _____
Address: _____
Phone: _____
Bill To:
Name: _____
Address: _____
Account: _____

Service Date	Description (Pickup/Drop-off)	Vehicle Type	Amount

Subtotal: $_____
Taxes/Fees: $_____
Gratuity: $_____
Total: $_____

Notes / Terms:

Payment is due within _____ days. Please include invoice number with payment.

Authorized Signature: _____