

# INVOICE

Warehouse Storage Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDOR / WAREHOUSE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILL TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description / Item ID	Rate/SQFT or Unit	Duration/Qty	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

**PAYMENT TERMS & NOTES**

Net 30 days. Please include invoice number with payment. Subject to warehouse lien terms and conditions.