

EQUIPMENT RENTAL INVOICE

Public Works Department

Invoice #: _____

Date: _____

Project ID: _____

VENDOR / LESSOR

BILLING AGENCY / DEPT

Equipment Description / Asset ID	Rental Period (Start - End)	Qty/Hrs	Rate	Total

NOTES / MOBILIZATION DETAILS

Subtotal: \$ _____

Delivery/Fuel Surcharge: \$ _____

TOTAL DUE: \$ _____

Authorized Signature: _____

Date: _____