

INVOICE

[Agricultural Water Co. Name]
[Business Address Line 1]
[City, State, Zip Code]
[Phone Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name / Farm Name]
[Mailing Address]
[Phone / Email]

DELIVERY SITE:

[Plot/Parcel Identification]
[Service Address]
[Meter/Gate ID]

Description of Service / Water Source	Quantity (Acre-Ft / Gallons)	Rate	Amount
[e.g., Canal Water Delivery - Priority A]	[0.00]	[\$[0.00]]	[\$[0.00]]
[e.g., Infrastructure/Maintenance Fee]	[1]	[\$[0.00]]	[\$[0.00]]

Description of Service / Water Source	Quantity (Acre-Ft / Gallons)	Rate	Amount
[e.g., Emergency Pumping Surcharge]	[0.00]	[\$[0.00]]	[\$[0.00]]
<hr/> Subtotal: \$[0.00] Tax/Assessments: \$[0.00] <hr/>			

TOTAL DUE: \$[0.00]

Notes: Please include invoice number with payment. All water allocations are subject to local district regulations.

Payment Terms: Net 30 Days. Late fees may apply to overdue balances.