

BULK WATER DELIVERY

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Reference]

Bill To:
[Client Name]
[Billing Address]
[Contact Email]

Delivery Site:
[Site/Project Name]
[GPS Coordinates or Address]
[On-site Contact]

Description of Service	Volume (Gal/L)	Truck/Load Count	Rate	Amount
Potable Water Delivery	[0,000]	[0]	[\$[0.00]]	[\$[0.00]]
Mobilization/Delivery Fee	-	-	[\$[0.00]]	[\$[0.00]]
Equipment Rental (Pump/Hose)	-	-	[\$[0.00]]	[\$[0.00]]
Subtotal:		[\$[0.00]]		
Tax:		[\$[0.00]]		
Total Due:		[\$[0.00]]		

Payment Terms: [Net 30/Due on Receipt]
Notes: All deliveries are subject to site accessibility. Please make checks payable to [Company Name].

Thank you for your business!