

WATER DELIVERY INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Address]
[Contact Name]
[Project/AFE Number]

JOB SITE INFO

Well Name: _____
Rig Number: _____
Pad Location: _____
County/State: _____

DELIVERY DATE	SOURCE POINT	TICKET #	VOLUME (BBL)	UNIT PRICE	AMOUNT	
SERVICE DESCRIPTION (DEMURRAGE, DISPOSAL, SURCHARGE)				QUANTITY	RATE	TOTAL

Subtotal: \$ _____
Tax: \$ _____
Total Due: \$ _____

Notes: All volumes measured in US Barrels (BBL). Payment terms are Net [XX] days.
Authorized Signature: _____ **Date:** _____