

WATER HAULAGE INVOICE

Street Address
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

PO #: _____

BILL TO

Customer Name:
Address:
City/State/Zip:
Contact:

DELIVERY / SITE INFO

Site Name:
Location/GPS:
Truck ID:
Driver Name:

Date	Load/Ticket #	Description (Potable/Non-Potable/Brine)	Volume (Gallons/m ³)	Rate	Amount

Date	Load/Ticket #	Description (Potable/Non-Potable/Brine)	Volume (Gallons/m ³)	Rate	Amount

Subtotal: \$ _____

Fuel Surcharge: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Terms: Net 30 Days. Please make checks payable to Company Name.

Customer Signature: _____

Date: _____