

WATER TRUCKING

[Company Name]
[Address Line 1]
[Phone] | [Email]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Service Address]
[Phone Number]

SERVICE DETAILS:

Truck ID: _____
Driver: _____
PO Number: _____

Description (Source/Destination)	Volume (Gal/L)	Rate	Amount
Potable Water Delivery - [Location]			
Emergency / After-hours Surcharge	-		
Standby Time (Hours)			
Subtotal: \$0.00			
Tax: \$0.00			
Total Due: \$0.00			

Notes/Terms: Water is certified potable at source. Customer is responsible for cleanliness of receiving tank/cistern.
Payment due within [X] days.

Customer Signature