

# WATER HAULING INVOICE

[Company Name]  
[Business Address]  
[Phone Number]  
[Email/License Number]

Invoice #: [\_\_\_\_\_]   
Date: [\_\_\_\_\_]

**BILL TO:**

[Customer Name]  
[Mailing Address]  
[Phone Number]

**DELIVERY LOCATION:**

[Remote Property Name/Access Info]  
[GPS Coordinates or Parcel ID]  
[Tank/Cistern Location]

Service Date	Description	Gallons	Rate	Amount
[//]	Potable Water Delivery	[ ]	\$	\$
[//]	Remote Access/Off-Road Surcharge	-	\$	\$
[//]	[Other: Tank Sanitize/Emergency Fee]	-	\$	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Balance Due: \$ \_\_\_\_\_**

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**Terms:** Payment due within [ ] days. Checks payable to [Company Name].

**Water Source:** [Municipal Source Name / Well ID]

**Disclaimer:** Hauler not responsible for damage to private access roads or property beyond the designated drop-off point.  
Customer ensures tank integrity before delivery.