

INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

Bill To:

[Customer Name]
[Service Address]
[City, State, Zip]

Service Details:

Delivery Date: _____
Truck ID: _____

Description	Gallons/Loads	Rate	Amount
Water Delivery (Potable/Pool Fill)			
Fuel Surcharge / Distance Fee			
Emergency/After-Hours Fee			

Subtotal: \$ _____

Tax: \$ _____

Total Balance Due: \$ _____

Notes / Instructions:

Please make checks payable to: [Company Name]
Payment is due within [X] days of delivery.