

# WATER DELIVERY INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**Service Provider:**

**Customer / Delivery Site:**

Description	Gallons/Liters	Rate	Total
Potable Water Cistern Refill			
Delivery / Trucking Fee	-	-	
Additional Services (Hose extension, etc.)			
Subtotal			

**Tax:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Payment Terms:**

Cash  Check  E-Transfer

**Customer Signature:** \_\_\_\_\_

Thank you for your business. Water quality tested at source.