

WATER SERVICE INVOICE

[Trucking Company Name]
[Phone Number] | [Email Address]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Service Address]
[Contact Number]

TRUCK DETAILS:

Truck ID: _____
Driver: _____
License Plate: _____

Description of Service / Source	Gallons/Liters	Unit Price	Total
Potable Water Delivery			
Refill / Top-up (Pool/Tank)			
Dust Control / Construction			
Emergency Pumping			

Subtotal: \$ _____
Delivery/Mileage Fee: \$ _____
Tax: \$ _____

GRAND TOTAL: \$ _____

Notes: _____

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

Customer Signature: _____

Date: _____