AGRICULTURAL PROPANE

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

INVOICE

Date: _____
Invoice #: _____
Ticket #: _____

BILL TO:
[Customer Name]
[Billing Address]

DELIVERY LOCATION / FARM UNIT:
[Site Name/Number]
[Physical Address]

Tank ID / Location	Starting %	Ending %	Gallons Delivered	Price/Gal	Total

Subtotal:$_____
Hazmat/Fuel Surcharge:$_____
Applicable Taxes:$_____

TOTAL DUE:$_____

Delivery Notes / Crop Usage (Grain Drying, Irrigation, Heating):

Driver Signature: _____
Customer Signature: _____

Net 30 Days. Late fees may apply to overdue balances.