INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Account #: _____

Bill To:

_____
_____
_____

Delivery Address:

_____
_____
_____

Description	Tank Size	Start %	End %	Gallons	Price/Gal	Total
Bulk Propane Delivery						
Hazardous Material Fee	-	-	-	-	-	
Delivery/Tank Rental Fee	-	-	-	-	-	

Subtotal: $ _____
Sales Tax: $ _____

Total Amount: $ _____

Terms: Net [ ] Days. Please make checks payable to [Company Name].

Driver Signature: _____ Customer Signature: _____