PROPANE SUPPLY INVOICE

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

Invoice #: _____
Date: _____
Account #: _____

BILL TO:

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

SERVICE LOCATION:

[Business Name/Facility]
[Service Address]
Tank ID: _____

Description	Quantity (Gal)	Price/Gal	Total
Propane Gas Delivery - Commercial Grade		$	$
Hazardous Material Handling Fee	1	$	$
Tank Lease/Maintenance Fee		$	$

Description	Quantity (Gal)	Price/Gal	Total
Regulatory Compliance Fee		$	$

Subtotal: $ _____
Sales Tax: $ _____
Amount Due: $ _____

METER READING:

Previous: _____
Current: _____

PAYMENT TERMS:

Net [30] Days. Please make checks payable to [Company Name].