INVOICE

Refill Date: _____

Invoice #: _____

EMERGENCY SERVICE

Company Name
Address Line 1
Phone: (555) 000-0000

BILL TO:
_____
_____
_____

SERVICE LOCATION:
_____
_____
_____

Description	Quantity	Unit Price	Total
Propane Refill (Gallons)			
Emergency Dispatch Fee	1		
Tank Safety Inspection/Leak Test			

Description	Quantity	Unit Price	Total
Hazardous Material Fee	1		

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Tank Details:

Serial #: _____ Tank Size: _____ Starting %: _____ Ending %: _____

Notes: _____

Payment Terms: Due upon receipt for emergency services. Signature below acknowledges completion of refill and safety check.

Customer Signature: _____ Date: _____