

PROPANE REFILL CO.

123 Energy Way
Service City, ST 12345
Phone: (555) 010-9999

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

SERVICE TECHNICIAN

ID/Name: _____
Station ID: _____

Tank Description (Size/Type)	Serial / Cert Date	Qty (Gal/Lbs)	Unit Price	Amount
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Subtotal: \$ _____
Hazardous Mat. Fee: \$ _____
Sales Tax: \$ _____
TOTAL: \$ _____

Note: All portable tanks must be inspected for valid certification dates and physical integrity before refilling. Safety plugs must be installed during transport.

Thank you for your business!