INVOICE

Propane Exchange Services

Invoice #: _____

Date: ___/___/20___

Vendor Details:

_____

_____

Phone: _____

Bill To:

_____

_____

Phone: _____

Description (Cylinder Size)	Qty	Type (Full/Empty)	Unit Price	Total
20 lb Cylinder Exchange		Exchange	$	$
20 lb Cylinder New (Purchase)		New	$	$
33 lb Forklift Cylinder		Exchange	$	$
100 lb Cylinder		Refill/Exch	$	$

Description (Cylinder Size)	Qty	Type (Full/Empty)	Unit Price	Total
Hazardous Material Fee	1	Service	$	$

Subtotal: $ _____
Tax: $ _____

Total Amount: $ _____

Notes / Safety Warning: Always transport cylinders in an upright, secure position. Keep away from heat and open flames. Check for leaks using soapy water.

Thank you for your business!