

PROPANE DELIVERY CO.

123 Energy Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

BILL TO:

DELIVERY ADDRESS:

Tank ID: _____

Description	Qty (Gallons)	Price/Gal	Total
Propane Gas Delivery	_____	_____	_____
Hazardous Material Fee	1	_____	_____
Tank Inspection / Misc	_____	_____	_____
Subtotal:			\$ _____
Tax:			\$ _____

TOTAL DUE:

\$ _____

Meter Reading: Start: _____ End: _____

Payment Terms: Due upon receipt. Please make checks payable to Propane Delivery Co.

Notes: _____