PROPANE SERVICE CO.

123 Energy Way
City, State, Zip

INVOICE

Date: _____
Invoice #: _____

Bill To:

_____
_____
_____

Service Address:

_____
Meter ID: _____

Description	Previous Reading	Current Reading	Usage (Units)	Rate	Amount
Propane Gas Consumption	_____	_____	_____	$_____	$_____
Monthly Meter Service Fee	-	-	-	-	$_____

Subtotal: $_____
Tax: $_____

Total Due: $_____

Due Date: _____

Notes: Please include invoice number with your payment. Prices based on current market rate per gallon/unit.