INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Account ID: _____

CUSTOMER:

[Name / Company]
[Service Address]
[Phone / Email]

TANK INFORMATION:

Serial #: _____
Capacity: _____ gal
Location: _____

Service Description	Qty / Gal	Unit Price	Total
Propane Refill (Gallons)			
Leak Test & Safety Inspection			
Regulator / Valve Maintenance			
Hazmat / Delivery Fee			

Service Description	Qty / Gal	Unit Price	Total

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Notes / Safety Check:
[ ] Tank painted/rust-free [ ] No leaks detected [ ] Relief valve clear [ ] Gauge operational

Payment Terms: Due upon receipt. Thank you for your business.