INVOICE

[Company Name]
[Address]
[Phone]

Invoice #: _____
Date: _____
Account #: _____

BILL TO:

_____
_____
_____

SERVICE ADDRESS:

_____
_____

Description	Tank Size	Qty (Gal)	Price/Gal	Amount
Propane Refill	_____	_____	_____	_____
Hazmat/Safety Fee	--	--	--	_____
Delivery Charge	--	--	--	_____

TECHNICIAN NOTES / TANK READING:

Starting Level: ____% | Ending Level: ____%

Subtotal: $_____
Tax: $_____

Total: $_____

Terms: Net 30 Days. Please make checks payable to **[Company Name]**.

Thank you for your business!