INVOICE

Scheduled Propane Refill

Invoice #: _____

Date: _____

Service Provider:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]
Bill To:
[Customer Name]
[Service Address]
[City, State, Zip]
[Account Number]

Description	Quantity (Gal)	Price/Gal	Amount
Propane Refill - Scheduled Service	_____	$ _____	$ _____
Tank Safety Inspection	1	$ _____	$ _____
Hazardous Material/Compliance Fee	1	$ _____	$ _____

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Tank Reading:
Pre-Fill: _____% Post-Fill: _____%

Notes: Next scheduled refill date: _____

Please make checks payable to [Company Name]. Thank you for your business.