INVOICE

Company Name: _____

Phone: _____

Invoice #: _____

Date: _____

BILL TO:
Name: _____
Address: _____
City/State: _____
HAUL DETAILS:
Origin: _____
Destination: _____
Distance (Miles): _____

EQUIPMENT DESCRIPTION:
Make/Model: _____
VIN/Serial #: _____ Width/Height: _____

Description of Charges	Rate	Qty/Units	Total
Base Hauling Fee	$		$
Oversize Load Permits	$		$
Pilot/Escort Vehicle	$		$
Fuel Surcharge	$		$
Loading/Unloading Labor	$		$

GRAND TOTAL: $_____

Notes/Terms: Payment due within ____ days. Thank you for your business.

Driver Signature: _____ Customer Signature: _____