EQUIPMENT HAULAGE INVOICE

[Company Name]
[Street Address, City, State, Zip]
[Phone Number] | [Email/Web]

Invoice #: _____
Date: _____
Project/PO #: _____

BILL TO:

[Client Name]
[Site Address]
[Contact Person]

TRANSPORT DETAILS:

Origin:
Destination:
Operator:

Equipment Description (Model/Serial #)	Weight/Class	Qty	Rate/Mile or Flat	Amount

SPECIAL INSTRUCTIONS / PERMIT DETAILS:

Subtotal: $0.00
Fuel Surcharge: $0.00
Permit/Escort Fees: $0.00
TOTAL DUE: $0.00

Payment Terms: Net [30] days. Please make checks payable to [Company Name].

All equipment hauled is subject to standard terms and conditions of carriage. Received in good condition by: _____ Date: _____