EQUIPMENT SHIPPING INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

BILL TO:
[Client Name]
[Client Address]
[Phone / Email]
Invoice #: _____
Date: _____
PO #: _____
Carrier: _____

PICKUP LOCATION:
[Origin Name/Site]
[Origin Address]
DELIVERY DESTINATION:
[Destination Name/Site]
[Destination Address]

EQUIPMENT DESCRIPTION (MAKE/MODEL/SERIAL #)	WEIGHT (LBS)	DIMENSIONS (LWH)	RATE	TOTAL
SURCHARGES (Permits, Pilot Cars, Fuel)				
		SUBTOTAL		
		TAX / FEES		
		GRAND TOTAL		

Notes / Instructions:

Terms: Payment due within [X] days. Please make checks payable to [Company Name].
Thank you for your business.