MACHINERY RELOCATION INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
PO #: _____

CLIENT / BILLING TO

[Client Name]
[Address]
[Contact Name]
[Phone Number]

PROJECT LOCATION DETAILS

Origin: [Pickup Address]
Destination: [Delivery Address]
Equipment ID: [Serial / Asset Numbers]

Service Description / Equipment Handled	Quantity / Hours	Rate / Unit Price	Total
Relocation Labor (Riggers, Operators)			
Heavy Lift Support (Crane / Forklift Rental)			
Transportation & Hauling (Oversize/Permits)			
Insurance / Specialized Securing			

Service Description / Equipment Handled	Quantity / Hours	Rate / Unit Price	Total
Decommissioning & Leveling Services			

Subtotal: $ _____
Tax: $ _____
Total Balance: $ _____

PAYMENT TERMS & NOTES

Please make all checks payable to [Your Company Name]. Payment is due within [Number] days. Late payments may be subject to a [Percentage]% fee.

Thank you for your business.