INVOICE

[Moving Company Name]
[Address Line 1]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Move Date: [MM/DD/YYYY]

CUSTOMER INFO

[Customer Name]
[Phone Number]
[Email Address]

JOB DETAILS

Origin: [Full Address]
Destination: [Full Address]
Truck ID: [Number]

Description of Services & Supplies	Qty / Hrs	Rate	Total
Labor: [No. of Movers] Movers	[0.0]	$[0.00]	$[0.00]
Travel Fee / Fuel Surcharge	[1]	$[0.00]	$[0.00]
Packing Materials (Boxes, Tape, Wrap)	[0]	$[0.00]	$[0.00]

Description of Services & Supplies	Qty / Hrs	Rate	Total
Valuation Coverage / Insurance	[1]	$[0.00]	$[0.00]
Special Handling (Piano, Safe, etc.)	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Deposit Paid: - $[0.00]
Balance Due: $[0.00]

TERMS & NOTES

Payment is due upon completion of services. We accept Credit Card, Cash, or Certified Check. Please review all items for damage before the crew departs. Thank you for moving with us!

Customer Signature

Date