MOVING INVOICE

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

Invoice #: _____
Date: _____
DOT #: _____

BILL TO (CLIENT)

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

JOB DETAILS

Origin: [City, State]
Destination: [City, State]
Total Distance: _____ miles
Move Date: _____

Description of Services	Quantity / Weight	Rate	Amount
Linehaul (Long Distance Transport)			
Fuel Surcharge			
Packing Materials & Labor			
Loading / Unloading Labor			

Description of Services	Quantity / Weight	Rate	Amount
Valuation / Insurance Coverage			
Accessorial Charges (Stairs, Long Carry)			

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

NOTES & PAYMENT INSTRUCTIONS

Please make all checks payable to **[Company Name]**. Payment is due within [X] days of delivery. All long-distance moves are subject to weight verification and industry tariff regulations.

CARRIER SIGNATURE
CLIENT SIGNATURE