MOVING INVOICE

Company Name: [Company Name]
USDOT #: [Number] | **MC #:** [Number]
Address: [Street Address, City, State, Zip]
Phone: [Phone Number]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

Name: [Customer Name]
Phone: [Customer Phone]
Email: [Customer Email]

RELOCATION DETAILS

Origin: [City, State, Zip]
Destination: [City, State, Zip]
Move Date: [Date]
Bill of Lading #: [Number]

Description of Services / Inventory	Rate/Unit	Qty	Total
Linehaul Transportation (Based on Weight/Volume)	$		$
Fuel Surcharge	$		$
Packing Services & Materials	$		$
Valuation Coverage (Insurance)	$	1	$

Description of Services / Inventory	Rate/Unit	Qty	Total
Accessorial Charges (Stairs, Long Carry, Elevator)	$		$
Storage-in-Transit (SIT)	$		$

Subtotal:	$0.00
Tax:	$0.00
Deposit Paid:	($0.00)
Balance Due:	**$0.00**

Terms & Conditions: Payment is due upon delivery unless otherwise agreed in the Bill of Lading. We accept [Payment Methods]. All interstate moves are subject to FMCSA regulations.

Thank you for choosing [Company Name] for your relocation!