RELOCATION INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]
DOT #: [Number] | MC #: [Number]

Invoice #: _____

Date: _____

Move Date: _____

CUSTOMER INFORMATION

Name: _____

Phone: _____

Email: _____

ROUTE DETAILS

Origin: _____

Destination: _____

Mileage: _____

Service Description	Quantity / Weight	Rate	Total
Linehaul Transportation (Interstate)			
Fuel Surcharge			

Service Description	Quantity / Weight	Rate	Total
Packing Materials / Labor			
Valuation / Insurance Coverage			
Accessorial Charges (Stairs, Long Carry, etc.)			
Storage-in-Transit (SIT)			

Subtotal: $_____
Taxes: $_____
Deposit Paid: ($_____)

Balance Due: $_____

Terms & Conditions: Payment is due upon delivery unless otherwise specified. We accept Cash, Credit Card, or Cashier's Check. All interstate moves are subject to Federal Motor Carrier Safety Administration (FMCSA) regulations.

Customer Signature: _____
Date: _____