INVOICE

[Company Name]
[Company Address]
[Phone Number] | [Email]

Invoice #: _____
Date: _____
USD DOT #: _____

CUSTOMER INFORMATION

[Customer Name]
[Phone Number]
[Email]

MOVE DETAILS

Origin: [Street, City, State, Zip]
Destination: [Street, City, State, Zip]
Move Date: [Date]

Description of Services / Inventory	Quantity/Weight	Rate	Amount
Transportation & Linehaul (Long Distance)			
Packing Materials & Labor			
Fuel Surcharge			
Valuation / Insurance Coverage			
Additional Services (Stairs, Bulky Items, etc.)			

Subtotal: $_____

Tax: $_____
Deposit Paid: ($_____)
Balance Due: $_____

NOTES & TERMS

Full payment is due upon delivery. Goods are subject to the terms and conditions of the Bill of Lading.

Customer Signature: _____
Date: _____