LONG HAUL MOVING CO.

123 Logistics Way, Suite 100
Transit City, ST 12345
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____

CUSTOMER INFO:

Name: _____
Phone: _____
Email: _____

JOB DETAILS:

Origin: _____
Destination: _____
Total Miles: _____

Description of Services / Inventory	Qty / Weight	Rate	Amount
Long Haul Transportation Fee			
Packing & Materials			
Loading / Unloading Labor			
Fuel Surcharge			
Insurance / Valuation Coverage			

Description of Services / Inventory	Qty / Weight	Rate	Amount

Subtotal:$_____
Tax:$_____

Total Due:$_____

Terms: Payment due upon delivery. We accept Cash, Credit Card, or Certified Check.

Customer Signature: _____ **Date:** _____