MOVING & STORAGE CO.

123 Logistics Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

CLIENT / BILL TO:

Name: _____
Address: _____
City/State: _____

JOB DETAILS:

Move Date: _____
Origin: _____
Destination: _____

Description of Services / Items	Qty/Hrs	Rate	Total
Local/Long Distance Moving Labor			
Truck / Fuel Fee			
Packing Materials (Boxes, Tape, Wrap)			
Storage Unit Fee (Monthly)			

Description of Services / Items	Qty/Hrs	Rate	Total
Insurance / Valuation Coverage			

Subtotal: $_____
Tax: $_____

TOTAL: $_____

Notes / Terms:

Payment is due upon completion of services. Storage fees are billed on the 1st of every month. Items are handled with care; please refer to the Bill of Lading for liability limits.

Thank you for your business!