[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Customer Name]
[Phone Number]
[Email Address]

LOGISTICS DETAILS

Origin: [Pickup Address]
Destination: [Drop-off Address]
Move Date: [Date]

Description of Services	Qty / Hrs	Rate	Amount
Professional Moving Labor	[0.00]	$[0.00]	$[0.00]
Truck & Transport Fee ([Size])	[0.00]	$[0.00]	$[0.00]
Packing Materials (Boxes, Tape, Wrap)	[0.00]	$[0.00]	$[0.00]

Description of Services	Qty / Hrs	Rate	Amount
Valuation / Insurance Coverage	1	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Due: $[0.00]

TERMS & PAYMENT

Please make checks payable to **[Company Name]**. Payment is due upon completion of services. Thank you for choosing us for your relocation needs.