MOVING INVOICE

Date: _____
Invoice #: _____
USDOT #: _____

[Moving Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

CUSTOMER INFO

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

MOVE DETAILS

Origin: [Street, City, State, Zip]
Destination: [Street, City, State, Zip]
Distance: [Total Miles] miles

DESCRIPTION OF SERVICES	QUANTITY/WEIGHT	RATE	AMOUNT
Transportation (Linehaul)			
Fuel Surcharge			
Packing Materials / Labor			
Stair Carry / Long Carry Fees			
Valuation Coverage (Insurance)			
Storage-in-Transit			

Subtotal: $ _____
Tax: $ _____
Deposit Paid: ($ _____)
Total Due: $ _____

Terms: Payment is due upon delivery unless otherwise agreed in writing. All long distance moves are subject to the terms and conditions outlined in the Bill of Lading.

Customer Signature

Carrier Representative Signature