INVOICE

[Your Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____

Date: _____

PO #: _____

Client / Billing To:

_____
_____
_____

Project / Delivery Site:

_____
_____
_____

Equipment Description	Quantity	Rate (Hr/Day)	Duration	Total
Hydraulic Jacking System / Skates	_____	$_____	_____	$_____
Forklift / Rigger Lift (Cap: ____)	_____	$_____	_____	$_____
Gantry Crane / Specialized Hoist	_____	$_____	_____	$_____

Equipment Description	Quantity	Rate (Hr/Day)	Duration	Total
Mobilization / Demobilization Fee	1	$_____	N/A	$_____
Rigging Labor / Operator Crew	_____	$_____	_____	$_____

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Terms & Conditions:

Payment is due within [XX] days. Equipment remains the property of [Company Name] until final payment is received. Rates based on standard operating conditions unless otherwise noted.