INVOICE

Company Name: _____

DOT #: _____

Invoice #: _____

Date: _____

Move Date: _____

ORIGIN (FROM)

_____

_____

City: _____ State: ____

DESTINATION (TO)

_____

_____

City: _____ State: ____

Description of Services / Inventory	Qty/Weight	Rate	Amount
Transportation Charges (State to State)			$
Packing Labor & Materials			$
Fuel Surcharge			$
Storage Fees (if applicable)			$
Valuation / Insurance Coverage			$

Subtotal: $_____
Tax: $_____

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

Balance: $_____

Payment Terms: _____

Notes: All items received in good condition unless otherwise noted. Customer signature required upon delivery.

Customer Signature: _____ Date: _____