DELIVERY INVOICE

Fleet Management Services

Invoice #: _____

Date: _____

FROM:

Company Name
Address Line 1
Phone/Email

VEHICLE INFO:

ID: _____
Driver: _____

BILL TO:

Customer Name
Delivery Address
Contact Number

Item Description	Qty/Distance	Rate	Total
Base Delivery Fee			
Fuel Surcharge			
Mileage Charge			

Item Description	Qty/Distance	Rate	Total
Handling/Labor			

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Terms: Payment due within 30 days. Please include invoice number on checks.

Recipient Signature: _____ Date: _____