[COMPANY NAME]

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

INVOICE

Invoice #: _____
Date: _____

CONSIGNEE / DELIVERY TO

[Customer Name]
[Delivery Address]
[City, State, Zip]
Phone: [Phone Number]

SHIPMENT DETAILS

BOL/Reference: _____
Delivery Date: _____
Carrier ID: _____

Description of Goods/Service	Qty	Unit Price	Amount
Last Mile Delivery - Residential			
White Glove Service (Room of Choice/Setup)			
Debris Removal / Packaging Disposal			

Description of Goods/Service	Qty	Unit Price	Amount
Additional Labor / Stairs			

Subtotal: $0.00
Tax: $0.00
Total Amount: $0.00

SERVICE VERIFICATION CHECKLIST

[ ] Threshold/Room of Choice
[ ] Unpacking & Inspection
[ ] Assembly/Installation
[ ] Debris Removed

CUSTOMER CONFIRMATION

I hereby confirm that the goods were received in good condition and the white glove services were performed to my satisfaction.

Signature & Date