RELOCATION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

CLIENT INFORMATION

[Corporate Client Name]
[Department / Contact]
[Street Address]
[City, State, Zip]

VEHICLE DETAILS

Year/Make/Model: _____
VIN: _____
License Plate: _____

ORIGIN

[Pickup Location Name]
[Address]
[Pickup Date]

DESTINATION

[Delivery Location Name]
[Address]
[Delivery Date]

Description of Services	Qty / Miles	Rate	Amount
Base Vehicle Transport Fee			

Description of Services	Qty / Miles	Rate	Amount
Fuel Surcharge			
Enclosed Carrier Premium			
Expedited Delivery Fee			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: Vehicle condition report attached. Mileage at pickup: _____ | Mileage at delivery: _____