INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Name]

RELOCATION DETAILS:

Driver: _____
Job Ref #: _____
PO #: _____

VEHICLE INFORMATION

Make/Model: _____
VIN: _____
Plate: _____

Origin: _____
Destination: _____

Description	Quantity/Distance	Rate	Total
Relocation Base Fee			

Description	Quantity/Distance	Rate	Total
Mileage Surcharge			
Fuel / Tolls			
Storage / Processing Fees			

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Notes / Terms:

Payment is due within [X] days. Please include invoice number with your payment.