INVOICE

Business Name: _____
Phone: _____
Email: _____

Invoice #: _____
Date: _____

CLIENT / BILL TO:

Name: _____
Address: _____
City/State: _____

JOB LOCATION:

Pickup: _____
Delivery: _____
Date of Service: _____

Description of Furniture / Service	Qty	Unit Price	Total
Transport Fee (Base)			
Assembly / Setup Labor			
Packing Materials (Blankets/Wrap)			
Stair Carry / Heavy Item Surcharge			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Notes / Terms:

_____
_____

Payment due within _____ days. Please make checks payable to _____.