

RENTAL INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

CUSTOMER / LESSEE [Customer Name]
[Company Name]
[Street Address]
[City, State, Zip]
DELIVERY / SITE LOCATION [Project Site Name]
[Site Address]
[Site Contact Name/Phone]

Equipment Description / Serial #	Rental Period (Start - End)	Qty	Rate (Daily/Weekly)	Amount

Subtotal: \$0.00
Delivery/Mobilization Fee: \$0.00
Tax: \$0.00
TOTAL DUE: \$0.00

Terms: Payment is due within [Number] days. Late fees may apply per the rental agreement.

Notes: Equipment must be returned in the same condition as received, barring normal wear and tear.