

DELIVERY SERVICE INVOICE

DETAILS

DATE: _____
INVOICE NO. _____
DELIVERY PERSON: _____
TERMS: _____

FROM

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

BILL TO

COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY, STATE: _____
ZIP: _____
PHONE: _____
E-MAIL: _____

DESCRIPTION (INCLUDE DROP-OFF LOCATIONS)	HOURS	RATE (\$/HR)	AMOUNT (\$)
NOTES: _____ _____ _____		SUBTOTAL	
		DISCOUNT	
		TAX / VAT	
		TOTAL	

THANK YOU FOR YOUR BUSINESS

