MOVING COMPANY INVOICE

MOVING INFORMATION	DETAILS		
PICKUP ADDRESS:	DATE:		_
	INVOICE NO		
DROP-OFF ADDRESS:	TERMS:		_
FROM	BILL TO		
COMPANY:	COMPANY:		
ATTN:			
ADDRESS:			
CITY, STATE:	CITY, STATE:		
ZIP:	ZIP:		
PHONE:			
E-MAIL:	E-MAIL:		
LABOR	HOURS	RATE (\$/HR)	AMOUNT (\$)
		TOTAL	
PACKING MATERIALS	QUANTITY		AMOUNT (\$)
PACKING MATERIALS	QUANTITY	TOTAL UNIT PRICE	AMOUNT (\$)
PACKING MATERIALS	QUANTITY		AMOUNT (\$)
PACKING MATERIALS	QUANTITY		AMOUNT (\$)
PACKING MATERIALS	QUANTITY		AMOUNT (\$)
PACKING MATERIALS	QUANTITY		AMOUNT (\$)
	QUANTITY	UNIT PRICE	AMOUNT (\$)
PACKING MATERIALS NOTES:	QUANTITY	UNIT PRICE	AMOUNT (\$)
	QUANTITY	UNIT PRICE TOTAL	AMOUNT (\$)
	QUANTITY	TOTAL SUBTOTAL	AMOUNT (\$)

THANK YOU FOR YOUR BUSINESS

