

# LIMOUSINE SERVICE INVOICE

## DETAILS

DATE: \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

DRIVER NAME: \_\_\_\_\_

PICK-UP TIME: \_\_\_\_\_

DROP-OFF TIME: \_\_\_\_\_

## FROM

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## BILL TO

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESCRIPTION	HOURS	RATE (\$/HR)	AMOUNT (\$)

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

*THANK YOU FOR YOUR BUSINESS*

