



MOVING SERVICE INVOICE

Date: _____

Client Information

Client's Name: _____

Phone No.: _____ E-mail: _____

From Address: _____

To Address: _____

Cost Information

Start Time: _____

End Time: _____

Hours : _____ x Rate: _____

Labor: _____

Subtotal: _____

Stairs: _____

Tax: _____

Supplies: _____

Total: _____

Crew Details

Driver: _____

Vehicle: _____

Helper: _____

Truck and surrounding area were checked for accidentally items left behind

Inspected By: _____

Crew Initial: _____

Read and agreed Disclaimer on back:

Customer Initial: _____

Description of Operations:

Comments/Special Instruction:

Invoice Number:

The above work was performed satisfactory
and all items were received in good condition.

Owner or Authorized Representative: