

Equipment Hire Bill

Company Name

Address, City, ZIP Code

Phone: (000) 000-0000

Bill No:	<input type="text"/>	Date:	<input type="text"/>
Customer Name:	<input type="text"/>	Contact No:	<input type="text"/>
Address:	<input type="text"/>		

Item Description	Equipment ID	Quantity	Hire Rate (per day)	No. of Days	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub Total					<input type="text"/>
Tax (%)					<input type="text"/>
Total Amount					<input type="text"/>

Remarks:

Customer Signature: _____

Authorized Signature: _____