LOGISTICS INVOICE

Global Logistics Distribution Ltd.
123 Supply Chain Way
International Port District

Invoice #: [_____]

Date: [_____]

PO Number: [_____]

SHIP FROM (Consignor):

[Name/Company]
[Address Line 1]
[Address Line 2]
[Contact Number]

SHIP TO (Consignee):

[Name/Company]
[Address Line 1]
[Address Line 2]
[Contact Number]

SKU / Item ID	Description of Goods	Quantity	Unit Weight	Unit Price	Total

SKU / Item ID	Description of Goods	Quantity	Unit Weight	Unit Price	Total

Subtotal: [_____]
Freight/Shipping: [_____]
Insurance/Duties: [_____]
GRAND TOTAL: [_____]

Tracking Number: [_____] | **Mode of Transport:** [_____]

Terms and Conditions: Goods remain the property of the distributor until full payment is received. Claims regarding shortages must be made within 48 hours of delivery.