

# FREIGHT INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**[Company Name]**

[Street Address]

[City, State, Zip]

[Phone/Email]

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**Consignor (Shipper)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consignee (Recipient)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Carrier:** \_\_\_\_\_

**Bill of Lading:** \_\_\_\_\_

**Mode:**  Rail  Truck  Sea

**Equipment #:** \_\_\_\_\_

Item/Commodity Description	Quantity	Unit Type	Weight (LBS/KG)	Rate	Amount

Freight Charges: \$ \_\_\_\_\_

Fuel Surcharge: \$ \_\_\_\_\_

Accessorials: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

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**Terms:** Net \_\_\_\_ Days. Subject to standard carrier liability and terms of the Bill of Lading.

Shipper Signature: \_\_\_\_\_ Date: \_\_\_\_\_