

# INVOICE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

BOL #: \_\_\_\_\_

---

## SHIPPER (FROM):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

## CONSIGNEE (TO):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Qty	Description of Goods / Inventory	Weight	Rate	Amount

Qty	Description of Goods / Inventory	Weight	Rate	Amount

Subtotal: \$ \_\_\_\_\_

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

Tax: \$ \_\_\_\_\_

---

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

Driver Signature: \_\_\_\_\_

Recipient Signature: \_\_\_\_\_

Terms: Payment is due within \_\_\_ days. Items received in good condition unless otherwise noted.