

COURIER LOGISTICS LTD.

123 Logistics Way, Cargo City

Contact: +00 123 456 789

INVOICE / MANIFEST

No: _____

Date: _____

SENDER / SHIPPER:

Name: _____

Addr: _____

City: _____

Phone: _____

RECIPIENT / CONSIGNEE:

Name: _____

Addr: _____

City: _____

Phone: _____

SHIPPING DETAILS:

Tracking ID: _____ | Mode: Air Sea Road | Weight: _____ kg

QTY	ITEM DESCRIPTION / INVENTORY	UNIT VALUE	TOTAL

Subtotal: _____

Freight/Shipping: _____

Insurance/Tax: _____

GRAND TOTAL (\$): _____

Shipper Signature

Agent/Carrier Signature

Note: Goods received in apparent good order unless otherwise noted. Subject to standard logistics terms and conditions.