

FREIGHT INVOICE

Carrier Name: _____

DOT #: _____

Invoice #: _____

Date: _____

PO/Ref #: _____

SHIPPER / ORIGIN

Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____

CONSIGNEE / DESTINATION

Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____

SKU / Inventory ID	Description of Goods	Quantity	Weight (lbs)	Rate	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SHIPMENT DETAILS

Carrier SCAC: _____

Trailer #: _____

NMFC Class: _____
Hazardous Materials: [] Yes [] No

Subtotal: \$ _____
Fuel Surcharge: \$ _____
Accessorials: \$ _____

Total Due: \$ _____

Terms and Conditions: Payment is due within ____ days. All freight subject to carrier's applicable tariff.

Received in good order by: _____ Date: _____