

INVOICE

[Logistics Company Name]

[Street Address]

[City, State, Zip]

INVOICE #

DATE

BILL TO:

DELIVERY ROUTE / HUB:

Driver ID: _____

SKU / Item ID	Description	Quantity	Unit Price	Total

Subtotal: \$ _____

Delivery Fee: \$ _____

Grand Total: \$ _____

Notes: _____

Receiver Signature: _____ **Date:** _____