

LOGISTICS SERVICES

Company Name
Street Address
City, State, Zip
Contact Email

SHIPPING INVOICE

Invoice #: _____
Date: _____
PO #: _____

SHIPPER (FROM):

CONSIGNEE (TO):

SHIPPING DETAILS:

Carrier: _____
Tracking: _____
Mode: Air / Sea / Road

Item / SKU	Description	Quantity	Weight (kg)	Unit Price	Total

Item / SKU	Description	Quantity	Weight (kg)	Unit Price	Total

Subtotal:\$ _____

Freight Charges:\$ _____

Insurance / Handling:\$ _____

Tax:\$ _____

TOTAL AMOUNT:\$ _____

Terms & Conditions: Payment is due within 30 days. Goods are handled under standard carrier liability unless otherwise specified.

Authorized Signature: _____