

# 3PL LOGISTICS NAME

123 Logistics Way  
Warehouse City, ST 12345  
contact@3pldomain.com

## INVOICE

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Period:** \_\_\_\_\_

### BILL TO

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Client Name  
Street Address  
City, State, Zip

### WAREHOUSE ORIGIN

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Facility ID:  
Loading Dock No:  
Reference ID:

Activity / SKU	Description	Quantity	Rate	Amount
Storage - Pallet	Monthly recurring storage fee			
Pick & Pack	Order fulfillment processing			
Inbound Receiving	Unloading and inventory entry			
Shipping Labels	Carrier freight charges (pass-through)			

Activity / SKU	Description	Quantity	Rate	Amount
Packaging	Boxes, tape, and dunnage			

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

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

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**Total Due: \$ \_\_\_\_\_**

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**Payment Terms:** Net 30 Days. Please make checks payable to 3PL LOGISTICS NAME.

Thank you for your business.