

PROJECT LOGISTICS INC.

123 Heavy Lift Way, Port Terminal
Maritime District, ST 54321

INVOICE

No: [Invoice #]
Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, Country]
Attn: [Contact Person]

PROJECT REFERENCE:

Project: [Project Name/Code]
Vessel: [Vessel Name]
HBL/MBL: [Bill of Lading #]

POL: [Port of Loading]
POD: [Port of Discharge]
ETD: [Date]
Cargo: [OOG/Breakbulk Description]
Weight: [Metric Tons]
Volume: [FRT/CBM]

SERVICE DESCRIPTION	RATE/UNIT	QTY	TOTAL
Ocean Freight (Breakbulk/Liner Terms)			
Heavy Lift Surcharge / Craneage			

SERVICE DESCRIPTION	RATE/UNIT	QTY	TOTAL
Port Handling & Stevedoring (THC)			
Lashing, Securing & Dunnage Materials			
Surveys & Supervision Fees			
Inland Specialized Transport			
Subtotal: 0.00			
Tax/VAT: 0.00			
Total (USD): \$0.00			

Payment Terms & Instructions:

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
Please reference Invoice Number on all remittances. Payment due within [X] days.