

PROJECT LOGISTICS INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

INVOICE #: _____

DATE: _____

PROJECT ID: _____

BILL TO:

[Client Name]

[Client Address]

[Tax ID / VAT]

CONSIGNEE/SITE:

[Project Site Name]

[Destination Address]

[Contact Person]

ORIGIN:

DESTINATION:

INCOTERMS:

VESSEL/FLIGHT:

HBL/AWB:

TOTAL WEIGHT/CBM:

Service Description	Quantity/Units	Rate	Currency	Amount
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Ocean/Air Freight Charges				
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Heavy Lift / Oversized Handling				
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Service Description	Quantity/Units	Rate	Currency	Amount
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Customs Brokerage & Clearance

Project Site Delivery / Escort

Documentation & Insurance

Subtotal: _____
 Tax/VAT: _____
 TOTAL DUE: _____

PAYMENT INSTRUCTIONS:

Bank Name: _____ | SWIFT/BIC: _____ | Account #: _____

TERMS & CONDITIONS:

Standard trading conditions apply. Payment is due within [X] days of invoice date.