

LOGISTICS NAME

123 Oversize Lane
Transport City, ST 12345
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

LOAD INFORMATION

Origin: _____
Destination: _____
MC/DOT #: _____

OVERSIZED LOAD SPECIFICATIONS

Width: _____
Height: _____
Length: _____
Weight: _____
Escorts: _____
Permits: _____

Description	Rate/Qty	Total
Base Hauling Fee (Oversized)		\$

Description	Rate/Qty	Total
Permit Fees (State/Municipal)		\$
Pilot Car / Escort Services		\$
Fuel Surcharge		\$
Equipment (Trailer/Rigging)		\$

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Terms: Net 30 Days. Please make checks payable to Logistics Name.

Thank you for your business.