COURIER SERVICE NAME

123 Logistics Way, Cargo City
contact@courierservice.com
+1 (555) 000-0000

INVOICE

Date: [Date]
Invoice #: [INV-000]
AWB #: [Tracking Number]

SHIPPER (FROM)

[Sender Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Country]
Phone: [Phone]

CONSIGNEE (TO)

[Recipient Name]
[Company Name]
[Street Address]
[City, State, Zip]
[Country]
Phone: [Phone]

Description of Goods	Weight (kg)	Qty	Unit Value	Total
[Item Description]	[0.00]	[0]	$[0.00]	$[0.00]
[Item Description]	[0.00]	[0]	$[0.00]	$[0.00]

Shipping Details:
Service Level: [Express / Economy / Freight]

Dimensions: [L x W x H]
Incoterms: [DAP / DDP / EXW]
Notes: [Special instructions or customs declarations]

Subtotal: $[0.00]
Freight Charges: $[0.00]
Fuel Surcharge: $[0.00]
Insurance: $[0.00]

Total (USD): $[0.00]