

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]

This is a computer-generated document. No signature is required.
Subject to Standard Trading Conditions. International carriage is subject to the Montreal/Warsaw Convention.