LOGISTICS INVOICE

[Company Name]
[Street Address]
[City, Country, Zip]

INVOICE #: [00000]
DATE: [YYYY-MM-DD]
DUE DATE: [YYYY-MM-DD]

SHIPPER / EXPORTER

[Name/Company]
[Address]
[Phone/Email]

CONSIGNEE / RECEIVER

[Name/Company]
[Address]
[Phone/Email]

VESSEL/VOYAGE: [Details]
PORT OF LOADING: [Port Name]
PORT OF DISCHARGE: [Port Name]
BILL OF LADING #: [B/L Number]
CONTAINER #: [Container ID]
INCOTERMS: [e.g. FOB, CIF]

Description of Charges	Qty/Weight	Rate	Total
Ocean/Air Freight Charges			
Fuel Surcharge (BAF)			

Description of Charges	Qty/Weight	Rate	Total
Customs Clearance Fee			
Handling & Documentation			
Insurance			

Subtotal: [0.00]
Tax/VAT: [0.00]

Total Amount (USD): $0.00

Payment Instructions:
Bank Name: [Name] | SWIFT: [Code] | Account: [Number]

Terms: All business is transacted subject to the Standard Trading Conditions of the Global Freight Association.