OCEAN FREIGHT INVOICE

Company Name
Street Address
City, State, Zip
Phone: (000) 000-0000

Invoice #: _____

Date: _____

Due Date: _____

SHIPPER / EXPORTER
CONSIGNEE / IMPORTER

VESSEL / VOYAGE NO.
PORT OF LOADING

PORT OF DISCHARGE
BILL OF LADING #
CONTAINER #

Description of Services / Charges	Quantity/Units	Rate	Total (USD)
Ocean Freight Charge			
Bunker Adjustment Factor (BAF)			
Terminal Handling Charges (THC)			

Description of Services / Charges	Quantity/Units	Rate	Total (USD)
Documentation Fee			
Port Security Fee			

Subtotal: $ _____
Tax/VAT: $ _____

TOTAL AMOUNT: $ _____

Payment Instructions: SWIFT/BIC: _____ | IBAN: _____ | Bank Name: _____

Terms: All shipments are subject to the standard terms and conditions of the carrier.