INVOICE

LTL Freight Services

Invoice #: _____

Date: _____

PRO #: _____

BOL #: _____

Carrier Information:

_____

_____

Phone: _____

Bill To:

_____

_____

Contact: _____

Origin (Shipper):

_____

_____

Destination (Consignee):

_____

_____

Qty	Handling Unit	Description of Goods / NMFC #	Class	Weight	Rate	Total

Accessorial Charges / Fuel Surcharge	Amount
Fuel Surcharge (%)	
Liftgate Service / Residential Delivery	

Subtotal: $_____
Taxes: $_____

Total Due: $_____

Terms & Conditions:

Payment due within ___ days. Liability limited per carrier tariff rules. Goods received in apparent good order unless otherwise noted on BOL.