CONSOLIDATED LTL FREIGHT INVOICE

Carrier Name: _____

Address: _____

Invoice #: _____

Date: _____

Account #: _____

Bill To

Name: _____

Address: _____

City/State/Zip: _____

Payment Terms

Terms: _____

Due Date: _____

Currency: _____

Consolidated Shipment Details

PRO / BOL #	Origin / Destination	Pieces	Weight (lbs)	Class	Description of Goods	Amount

Accessorial Charges

Charge Type (Fuel, Liftgate, Residential, etc.)	Reference PRO #	Rate	Total

Total Freight Charges	$
Total Accessorials	$
Fuel Surcharge	$
GRAND TOTAL	**$**

Notes: _____

Remit payment to the address listed above. Please include the Invoice Number on your check or EFT advice.