INVOICE

[Carrier Name]
[Address]
[City, State, Zip]
[Phone/Email]

Invoice #: ___________

Date: ___________

MC/DOT #: ___________

BILL TO:

____
____
____

SHIPMENT DETAILS:

PRO Number: _________________
BOL Number: _________________
PO Number: _________________

Pickup / Origin	Delivery / Destination	Equipment	Trailer #

Item/Description	Weight	Class	Pallets/Qty	Rate	Amount
Line Haul					
Fuel Surcharge					

Item/Description	Weight	Class	Pallets/Qty	Rate	Amount
Accessorial: ________					
Accessorial: ________					

Subtotal:$_________

TOTAL DUE:$_________

Terms & Conditions:

Payment due within ______ days. Please make checks payable to __________________________.

Notes: ____