FREIGHT INVOICE

Carrier Name
123 Logistics Way
City, ST 12345

Invoice #: _____
Date: _____
PRO #: _____
BOL #: _____

CONSIGNOR (SHIPPER)

Name:
Address:
City/ST/Zip:

CONSIGNEE (RECIPIENT)

Name:
Address:
City/ST/Zip:

Handling Units	Package Type	Description of Goods (NMFC #)	Class	Weight (LBS)	Rate	Total

ACCESSORIAL CHARGES / NOTES

- Fuel Surcharge:
- Liftgate Service:
- Residential Delivery:

Net Freight Charge: $ _____
Fuel Surcharge: $ _____
Accessorials: $ _____
TOTAL DUE: $ _____

Terms: Net 30. Subject to Carrier's Tariff rules. Claims for shortages or damages must be filed within statutory limits.