LTL FREIGHT INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]
Phone: (555) 000-0000

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

SHIPPER (FROM)

_____
_____
_____

CONSIGNEE (TO)

_____
_____
_____

BILL TO

_____
_____
_____

HANDLING UNITS	PACKAGE TYPE	DESCRIPTION OF GOODS (NMFC #)	CLASS	WEIGHT (LBS)	RATE	CHARGES

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ACCESSORIAL SERVICES:

- [ ] Liftgate Pickup/Delivery
- [ ] Residential Delivery
- [ ] Inside Delivery
- [ ] Limited Access

Freight Subtotal: $_____

Fuel Surcharge: $_____

Accessorial Fees: $_____

TOTAL DUE: **$_____**

Terms & Conditions: Payment is due within 30 days. Standard carrier liability applies unless otherwise noted. Subject to NMFC classifications.

Carrier Signature: _____
Receiver Signature: _____