LTL INVOICE

Invoice #: _____
Date: _____
BOL #: _____

CARRIER COMPANY NAME
123 Logistics Way
Transport City, ST 12345
Phone: (555) 000-0000

SHIPPER (FROM)

Name: _____
Address: _____
City/ST/Zip: _____
Contact: _____

CONSIGNEE (TO)

Name: _____
Address: _____
City/ST/Zip: _____
Contact: _____

BILL TO

Name: _____
Address: _____
City/ST/Zip: _____
PO #: _____

Qty/Handling Units	Package Type	Description of Goods (NMFC #)	Class	Weight (lbs)	Rate	Charges

ACCESSORIAL CHARGES / REMARKS

Liftgate Pickup/Delivery
Residential Delivery
Inside Delivery
Limited Access

Notes: _____

Freight Subtotal: $ _____

Fuel Surcharge: $ _____

Accessorials: $ _____

TOTAL DUE: $ _____

Terms: Net 30 Days. All shipments are subject to the terms and conditions of the Carrier's Tariff.