LTL FREIGHT INVOICE

Carrier Name
Street Address
City, State, Zip

Invoice #: _____
Date: _____
PRO Number: _____

SHIPPER (Origin)

CONSIGNEE (Destination)

BILL TO

PO #: _____
BOL #: _____
Terms: _____

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

Accessorial / Surcharge Description	Amount
Fuel Surcharge	
Liftgate Service / Residential Delivery	
Other: _____	

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Notes / Special Instructions:

_____

Subject to standard LTL terms and conditions of the carrier.