FREIGHT INVOICE

Invoice #: _____
Date: _____
PRO #: _____

CARRIER INFORMATION

_____
_____
_____
Phone: _____

BILL TO

_____
_____
_____
Account #: _____

SHIPPER (ORIGIN)

_____
_____
BOL #: _____

CONSIGNEE (DESTINATION)

_____
_____
PO #: _____

Qty	Type	Description / NMFC Item #	Class	Weight	Rate	Total

Accessorial Charges / Surcharges	Amount
Fuel Surcharge	
Liftgate / Residential Delivery	

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Terms: Net ____ days. Please make checks payable to the Carrier Name listed above.

Carrier liability is limited per applicable tariff rules. Goods received in good order except as noted.