INVOICE

Invoice #: _____

Date: _____

[CARRIER NAME]
[Address Line 1]
[City, State, Zip]
[Phone Number]

SHIPPER (FROM)

_____
_____
_____

CONSIGNEE (TO)

_____
_____
_____

PRO NUMBER _____

PURCHASE ORDER (PO) # _____

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

ACCESSORIAL CHARGES & NOTES (Liftgate, Residential Delivery, Fuel Surcharge, etc.)

_____

Subtotal: $_____

Fuel Surcharge: $_____

GRAND TOTAL: $_____

Thank you for your business. Terms: Net 30.