INVOICE

Carrier Name: _____

Address: _____

Invoice #: _____

Date: _____

PRO #: _____

BILL TO

Company: _____
Address: _____
City/ST/Zip: _____

EQUIPMENT / DETAILS

Trailer #: _____
Driver: _____
PO #: _____

ORIGIN (PICKUP)

Location: _____	**Appointment:** _____

STOPS & DELIVERY DETAILS

STOP 1

Consignee / Address	Items / Description	Qty	Weight	BOL #

STOP 2

Consignee / Address	Items / Description	Qty	Weight	BOL #

STOP 3

Consignee / Address	Items / Description	Qty	Weight	BOL #

CHARGES

Linehaul Rate:	$ _____
Fuel Surcharge:	$ _____
Stop-Off Charges:	$ _____
Accessorials:	$ _____
TOTAL DUE:	**$ _____**

Terms: Net ____ Days. Please remit payment to the address listed above.

Notes: _____