INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
PO #: _____

Bill To:

[Client Name]
[Address Line 1]
[Address Line 2]
[Tax ID/VAT]

Shipment Details:

PRO Number: _____
Origin: [City, State]
Destination: [City, State]
Service Type: Partial Truckload (PTL)

Description (Pallets/Weight/Class)	Quantity	Rate	Total
Line Haul Charges (Linear Feet: ____)			
Fuel Surcharge (%)			
Accessorial: Liftgate Pickup/Delivery			
Accessorial: Residential Delivery			
[Other Fees]			

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Notes / Payment Instructions:
Please make checks payable to [Company Name]. Terms: Net [30] Days.