LTL CARRIER NAME

123 Logistics Way
Transport City, ST 12345
Phone: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

PRO #: _____

PO/Ref #: _____

BILL TO

_____
_____
_____

SHIPMENT SUMMARY

Origin: _____

Destination: _____

Ship Date: _____

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

Accessorial Charges & Fees	Amount
Fuel Surcharge	$
Liftgate Service / Residential Delivery	$

Subtotal: $_____
TOTAL DUE: $_____

Terms: Net 30 Days. All shipments are subject to the carrier's tariff rules and regulations.

Please make checks payable to: **LTL CARRIER NAME**