INVOICE

Regional LTL Services

Invoice #: _____

Date: _____

PRO #: _____

SHIPPER (ORIGIN)

_____
_____
_____

Pickup Date: _____

CONSIGNEE (DESTINATION)

_____
_____
_____

Delivery Date: _____

BILL TO

_____

PO NUMBER

_____

TERMS

Net 30 Days

Handling Units	Package Type	Description of Articles (NMFC #)	Class	Weight (lbs)	Rate	Total
_____	_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	_____	$ _____

Accessorial / Surcharge Description	Amount
Fuel Surcharge (____%)	$ _____
Liftgate Service / Residential Delivery	$ _____
Inside Pickup/Delivery	$ _____

Freight Subtotal: $ _____
Fees & Surcharges: $ _____

TOTAL DUE: $ _____

Notes: _____

Standard Trading Conditions Apply. All claims for shortage or damage must be filed within statutory limits.