LTL TRANSPORT INVOICE

Carrier Name
123 Logistics Way
City, State, Zip

Invoice #: _____
Date: _____
PRO Number: _____

SHIPPER (ORIGIN)

_____
_____
_____

CONSIGNEE (DESTINATION)

_____
_____
_____

PO Number: _____
NMFC Class: _____
Total Pallets: _____
Total Weight: _____

Item Description	Quantity	Weight	Rate/CWT	Amount
Line Haul Charges				
Fuel Surcharge				
Liftgate Service (Origin/Dest)				
Residential Delivery				

Item Description	Quantity	Weight	Rate/CWT	Amount
Inside Pickup/Delivery				

Subtotal: $ _____
Tax: $ _____
Total Balance Due: $ _____

Terms: Payment due within 30 days. Late fees may apply.
Notes: All LTL shipments are subject to re-weigh and re-classification. Damage claims must be filed within 15 days of delivery with original Bill of Lading.