[LOGISTICS COMPANY NAME]
[Address Line 1]
[City, State, Zip]
[Phone] | [Email]

INVOICE

Invoice #: _____
Date: _____

BILL TO

[Customer Name]
[Customer Address]
[Customer Contact]

SHIPMENT DETAILS

Container #: _____
B/L #: _____
Vessel/Voyage: _____
Port of Entry: _____

PICKUP LOCATION

[Terminal/Ramp Name]
[Address]
Appointment Time: _____

DELIVERY LOCATION

[Warehouse/Consignee Name]
[Address]
Appointment Time: _____

Description of Charges	Quantity	Rate	Total
Base Drayage Rate			
Fuel Surcharge			
Chassis Usage Fees			

Description of Charges	Quantity	Rate	Total
Port/Terminal Fees			
Waiting Time / Detention			
Other: [Pre-pull / Storage / Tolls]			

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

Terms & Instructions:
Payment Due Date: _____
Please include Invoice Number on all remittances. Remit payment to: [Payment Address/Bank Info]