INVOICE

Company Name
123 Logistics Way
Transport City, ST 00000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

_____
_____
_____

SHIPMENT DETAILS

HBL/MBL: _____
Container #: _____
Vessel/Voyage: _____

ORIGIN / PORT OF LOADING

_____

DESTINATION / PORT OF DISCHARGE

_____

Description of Charges	Mode	Qty	Rate	Amount
Ocean / Rail Freight	_____	_____	_____	_____
Drayage / Trucking	Road	_____	_____	_____

Description of Charges	Mode	Qty	Rate	Amount
Terminal Handling (THC)	-	_____	_____	_____
Fuel Surcharge	-	_____	_____	_____
Customs Clearance / Documentation	-	_____	_____	_____

Subtotal: $_____
Tax/VAT: $_____

Total Amount: $_____

TERMS & INSTRUCTIONS

Please remit payment within 30 days. Wire transfer details: Bank Name, Routing #, Account #. Subject to standard intermodal terms and conditions.