INVOICE

[Logistics Company Name]
[Address Line 1]
[Tax ID / VAT Number]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER [Name]
[Address]
[Contact Details]

CONSIGNEE / IMPORTER [Name]
[Address]
[Contact Details]

SHIPMENT DETAILS **HBL/HAWB:** _____
MBL/MAWB: _____
Container/Pkg #: _____

TRANSPORT ROUTE **Mode:** [Sea / Air / Road / Rail]
Origin: _____
Destination: _____

Description of Charges	Qty/Unit	Rate	Currency	Total
Ocean/Air Freight Charges				
Fuel Surcharge (BAF/FSC)				
Terminal Handling (THC)				

Description of Charges	Qty/Unit	Rate	Currency	Total
Customs Brokerage Fees				
Inland Haulage / Last Mile				

Subtotal: _____
Tax / VAT: _____
GRAND TOTAL: _____

PAYMENT INSTRUCTIONS Bank Name: _____ | SWIFT: _____ | IBAN: _____

Subject to standard terms and conditions of carriage.