OCEAN FREIGHT INVOICE

Intermodal Transportation Services

Invoice #: _____
Date: _____

SHIPPER / EXPORTER _____

_____

_____

CONSIGNEE / BILL TO _____

_____

_____

VESSEL / VOYAGE _____
PORT OF LOADING _____
PORT OF DISCHARGE _____
CONTAINER NUMBER(S) _____
BILL OF LADING # _____
PLACE OF DELIVERY _____

Description of Charges	Quantity	Rate	Currency	Amount
Ocean Freight (Main Carriage)				
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Intermodal Pre-Carriage (Truck/Rail)				
Intermodal On-Carriage (Truck/Rail)				

Description of Charges	Quantity	Rate	Currency	Amount
Documentation & Customs Filing				

Subtotal: $ _____
Tax/VAT: $ _____
TOTAL DUE: $ _____

PAYMENT INSTRUCTIONS Bank Name: _____ | SWIFT/BIC: _____ | Account: _____

Terms: Net 30 days. Subject to standard maritime and intermodal carriage terms and conditions.