INTERMODAL INVOICE

[Logistics Company Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

INVOICE NUMBER
#INV-0000

DATE
October 24, 2023

BILL TO
[Client Name]
[Client Address]
[Tax ID/VAT Number]

SHIPMENT DETAILS
Container #: [Prefix][Number]
BOL / Waybill: [Number]
Vessel/Voyage: [Name/ID]

ORIGIN
[Port/Terminal Name]
[Location]

DESTINATION
[Port/Terminal Name]
[Location]

Description of Charges	Qty/Units	Rate	Amount
Ocean / Rail Freight Charges	1	$0.00	$0.00
Drayage (Origin/Destination)	1	$0.00	$0.00
Fuel Surcharge	[%]	$0.00	$0.00

Description of Charges	Qty/Units	Rate	Amount
Terminal Handling / Documentation	1	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Total Due: $0.00

PAYMENT TERMS

Net [30] Days. Please include Invoice Number with your remittance.

BANKING DETAILS

Bank: [Name] | SWIFT: [Code] | Account: [Number]