TERMINAL HANDLING INTERMODAL INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]
[Contact Email/Phone]

Invoice #: [000000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Customer Name]
[Billing Address]
[Tax ID / VAT No.]

SHIPMENT DETAILS

Container #: [Container Number]
Vessel/Voyage: [Name/Number]
Port of Loading: [Port Name]
Port of Discharge: [Port Name]

Description of Service / Handling Fee	Qty/Units	Rate	Total
Terminal Handling Charge (THC) - Origin	[0.00]	[0.00]	[0.00]
Gate In / Gate Out Fee	[0.00]	[0.00]	[0.00]
Intermodal Transfer (Rail/Truck)	[0.00]	[0.00]	[0.00]
Demurrage / Detention (if applicable)	[0.00]	[0.00]	[0.00]
Storage Fees	[0.00]	[0.00]	[0.00]

Subtotal: $[0.00]
Tax/VAT: $[0.00]
TOTAL AMOUNT: $[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Swift/BIC: [Code]
Account Number: [Number]
Reference: [Invoice Number]

Thank you for your business.