# INTERMODAL LOGISTICS CO.

## INVOICE

Invoice #: _____
Date: _____

BILL TO

_____
_____
_____

SHIPMENT DETAILS

Container #: _____
BOL / Ref #: _____
Vessel/Voyage: _____

ORIGIN / PICKUP

Location: _____
Date: _____

DESTINATION / DELIVERY

Location: _____
Date: _____

| Description of Charges | Rate | Qty | Amount |
|---|---|---|---|
| Ocean / Rail Freight | | | |
| Drayage Service | | | |
| Fuel Surcharge | | | |

| Description of Charges | Rate | Qty | Amount |
| --- | --- | --- | --- |
| Chassis Rental | | | |
| Accessorials (Storage/Per Diem) | | | |

Subtotal: $_____
Tax: $_____
Total Due: $_____

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **Intermodal Logistics Co.**
Standard Payment Terms: Net 30. Please include Invoice Number on remittance advice.