CHILLED CARGO INVOICE

Invoice #: _____
Date: _____

Logistics Provider Name
123 Cold Chain Way
Shipping District, State, ZIP
Contact: +1 (555) 000-0000

CONSIGNOR (SHIPPER)

_____
_____
_____

CONSIGNEE (RECEIVER)

_____
_____
_____

SHIPPING DETAILS

Vessel/Flight No: _____
Port of Loading: _____
Port of Discharge: _____

CLIMATE CONTROL REQUIREMENTS

Target Temp: _____ **C/F**
Humidity Level: _____
Container ID: _____

Description of Goods	Quantity/Units	Weight (kg)	Unit Price	Total Amount

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Freight Subtotal: $ _____
Reefer Surcharge: $ _____
Tax/Insurance: $ _____
Total Payable: $ _____

Notes: Temperature logs available upon request. Perishable goods must be inspected immediately upon arrival. Claims for temperature deviation must be filed within 24 hours of delivery.

Thank you for choosing our Cold Chain Solutions.