INVOICE

Ref: #_____

â□„ï¸□ COLD CHAIN SECURE

Date: ___/___/20__

Carrier Details:
[Company Name]
[Address]
[License/DOT #]
Bill To:
[Client Name]
[Address]
[Contact Info]

Required Temp: _____C / F
Max Variance: +/- ____
Logger ID: _____
Vehicle/Trailer #: _____

Description of Goods	Qty	Weight	Rate	Amount
[Freight Item]	____	____	$____	$____
Reefer Fuel Surcharge	--	--	$____	$____
Temp Monitoring Fee	--	--	$____	$____

Subtotal: $_____

Tax: $_____

Total Due: $_____

Compliance Note: Continuous temperature monitoring was maintained. Data logs are available upon request. Any deviations must be noted on the BOL at time of delivery.

Terms: Net [ ] Days. Please make checks payable to [Company Name].