LOGISTICS INVOICE

Company Name
Street Address, City
State, Zip Code
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Client Name
Department / Attn
Street Address
City, State, Zip

SHIPMENT DETAILS

Origin: _____
Destination: _____
Carrier: _____

BOL #: _____
Mode: _____
Weight (lbs/kg): _____
Pallets/Qty: _____

SERVICE DESCRIPTION	RATE/UNIT	QTY	AMOUNT
Freight Charges (Specialized Handling)			$ 0.00

SERVICE DESCRIPTION	RATE/UNIT	QTY	AMOUNT
Fuel Surcharge			$ 0.00
Accessorial Charges (Liftgate/Inside Delivery)			$ 0.00
Insurance / Declared Value			$ 0.00

Subtotal: $ 0.00
Tax / Fees: $ 0.00
Total Amount: $ 0.00

TERMS & INSTRUCTIONS

Please include invoice number with your payment. Remit payment to the address listed above within 30 days. Specialized handling terms apply as per the Master Service Agreement.