INVOICE

[Transport Company Name]
[License/DOT Number]
[Address line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Client Name]
[Company Name]
[Address]
[Contact Phone]

SHIPMENT REFERENCE

Origin: _____
Destination: _____
Cargo Type: _____

Vehicle ID: _____
Driver Name: _____
Weight/Dims: _____
Departure Date: _____
Arrival Date: _____
Bill of Lading: _____

Description of Services (Line Haul, Escorts, Permits)	Qty/Miles	Rate	Amount
Heavy Haul Base Freight Charge			
Fuel Surcharge			

Description of Services (Line Haul, Escorts, Permits)	Qty/Miles	Rate	Amount
Special Permits & Routing Fees			
Pilot / Escort Vehicle Services			

Subtotal: $0.00
Tax/Fees: $0.00
TOTAL DUE: $0.00

TERMS & NOTES

Payment is due within [X] days. Please include the invoice number with your wire transfer or check. All specialized transport is subject to the terms and conditions listed on the Bill of Lading.