COURIER FLEET INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Tax ID/VAT]

FLEET DETAILS:

Route ID: [Route Number]
Vehicle ID: [Plate/Unit Number]
Driver: [Driver Name]

Description	Qty/Distance	Rate	Total
Base Delivery Service	[Units]	$[0.00]	$[0.00]
Fuel Surcharge	[Units]	$[0.00]	$[0.00]
Priority Handling Fees	[Units]	$[0.00]	$[0.00]
Maintenance / Mileage Overages	[Units]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Amount Due: $[0.00]

Notes: Please include invoice number with your payment. Payments are due within [X] days.

Payment Info: [Bank Name] | **Account:** [Number] | **Routing:** [Number]