LOGISTICS INVOICE

Dispatch Fleet Services

Invoice #: _____

Date: _____

From:

_____
_____
Phone: _____

Bill To:

_____
_____
Contact: _____

Shipment Details:

BOL #: _____
Carrier: _____
Vehicle ID: _____

Route:

Origin: _____
Destination: _____
Miles/KM: _____

Description	Qty / Weight	Rate	Total
Freight Charges			
Fuel Surcharge			

Description	Qty / Weight	Rate	Total
Loading/Unloading			
Other Fees			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Terms: _____

Notes: _____