FLEET TRANSPORT

[Company Address]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Address]
[Contact Person]

Shipment Info:
Origin: [City, State]
Destination: [City, State]
BOL #: [Number]

Vehicle/Unit ID	Description of Service	Quantity/Miles	Rate	Amount
[Unit #]	Freight Charges	[0.00]	$[0.00]	$[0.00]
-	Fuel Surcharge	-	-	$[0.00]
-	Loading/Unloading	-	-	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Amount Due: $[0.00]

Terms: Net [30] days. Please make checks payable to Fleet Transport.

Notes: [Additional shipment notes or driver instructions]