LOGISTICS INVOICE

Fleet ID: _____

Invoice #: _____

Date: _____

Carrier Details:

Company Name
Address Line 1
City, State, Zip
Phone: (555) 000-0000

Bill To:

_____
_____
_____
Tax ID: _____

Load/Trip ID	Vehicle/Trailer	Origin - Destination	Weight/Qty	Rate	Amount

Subtotal: $0.00
Fuel Surcharge: $0.00
Total Due: $0.00

Payment Terms: Net 30 Days. Please include Invoice # on all remittances.

Notes: All cargo handled under standard carrier liability terms. Proof of delivery attached.