INVOICE

[Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Tax ID/VAT]

SHIPPER / ORIGIN:

[Shipper Name]
[Pickup Location/Port]

Vessel/Voyage:
_____
Port of Loading:
_____
Port of Discharge:
_____
B/L Number:
_____
Cargo Type:
_____
Total Weight/Volume:
_____

Description of Services	Rate/Unit	Quantity	Total
Ocean Freight (Breakbulk)			

Description of Services	Rate/Unit	Quantity	Total
Stevedoring / Loading Charges			
Lashing & Securing			
Wharfage / Port Fees			
Documentation & Customs			

Subtotal: _____

Tax / VAT: _____

GRAND TOTAL: _____

Payment Instructions:

Bank Name: _____ | SWIFT/BIC: _____ | Account: _____

Terms: Net [30] Days. Late payments may be subject to interest fees.