INVOICE

[Project Name]
[Company Name]
[Address Line 1]
[Tax ID / VAT Number]

Invoice #: _____
Date: _____
Due Date: _____
PO Number: _____

BILL TO:

[Customer Name]
[Billing Address]
[Contact Phone]
[Email Address]

SHIPMENT OVERVIEW:

Origin: _____
Destination: _____
Vessel/Flight: _____
BL/AWB Number: _____

CARGO DESCRIPTION (DIMENSIONS/WEIGHT)	QUANTITY	RATE / UNIT	AMOUNT
Ocean/Air Freight Charges			
Heavy Lift / OOG Surcharges			
Customs Clearance & Documentation			
Port Handling & Stevedoring			
Inland Transportation (Escort/Permits)			

PAYMENT INSTRUCTIONS:

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account: _____
Currency: _____

SUBTOTAL	0.00
TAX/VAT (___%)	0.00
TOTAL AMOUNT	**0.00**

Notes: All business is transacted under standard freight forwarding conditions. Late payments are subject to interest charges.

_____
Authorized Signature

_____
Date