FREIGHT INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]

Invoice #: ____________
Date: ____________
Due Date: ____________
Project ID: ____________

BILL TO:

____
____
____

CONSIGNEE:

____
____
____

Origin: __________
Destination: __________
Mode: Sea / Air / Road / Rail
Vessel/Flight: __________
HBL / MBL: __________
Weight/Volume: __________

DESCRIPTION OF CHARGES	QUANTITY/UNITS	RATE	CURRENCY	AMOUNT
Ocean/Air Freight				
Terminal Handling (THC)				
Customs Clearance				
Inland Transportation				
Documentation Fee				
Bunker/Fuel Surcharge				
Project Handling Fee				

Subtotal: __________
Tax/VAT: __________

Total Payable: __________

Payment Instructions:
Bank Name: ____________________ | Swift/BIC: ____________________ | Account/IBAN: ____________________
Please include Invoice Number as reference.