OOG CARGO INVOICE

Invoice #: _____
Date: _____

[COMPANY NAME]
[Street Address]
[City, State, Zip]
[VAT/Tax ID]

BILL TO

[Client Name]
[Client Address]
[Contact Phone]

CONSIGNEE / NOTIFY

[Consignee Name]
[Destination Address]
[Port of Discharge]

VESSEL / VOYAGE_____
BILL OF LADING #_____
LOADING PORT_____
DISCHARGE PORT_____
CARGO DESCRIPTION_____
EQUIPMENT TYPE(FR/OT/Breakbulk)

Out Of Gauge (OOG) Dimensions

Length: _____ cm **Width:** _____ cm (Over: ___) **Height:** _____ cm (Over: ___) **Weight:** _____ kg

Description of Charges	Rate/Basis	Qty	Amount
Ocean Freight (OOG)			

Description of Charges	Rate/Basis	Qty	Amount
OOG Surcharge (Lost Slots)			
Special Handling / Lashing			
Escort / Permits			
Crane / Stevedoring			

Subtotal:0.00
Tax/VAT:0.00

Total (USD):$0.00

Payment Terms: Net [X] Days. Please include Invoice Number in bank transfer reference.

Bank Details: [Bank Name] | **SWIFT:** [Code] | **IBAN:** [Number]