OVERSIZED LOAD INVOICE

[Carrier Name]

[Address / Contact]

INVOICE #
DATE

BILL TO

ORIGIN & DESTINATION

From:

To:

LOAD DIMENSIONS & SPECIFICATIONS

WIDTH:
HEIGHT:
LENGTH:
WEIGHT:
PERMIT NUMBERS:

Description of Service	Qty/Miles	Rate	Amount
Base Freight (Oversized)			
Escort / Pilot Car Services			
Permit Procurement Fees			
Fuel Surcharge			

Description of Service	Qty/Miles	Rate	Amount
Other:			

Subtotal $
Tax $
TOTAL DUE $

TERMS & NOTES