INVOICE

[Logistics Company Name]
[Street Address]
[City, State, Zip]
[VAT/Tax ID]

Invoice #: _____
Date: _____
Project Reference: _____

BILL TO:

[Client Name]
[Client Address]

SHIPMENT DETAILS:

Origin: _____
Destination: _____
Vessel/Flight: _____
HBL/MBL: _____

Description of Services & Cargo Details (Weight/Dims)	Qty/Units	Rate	Amount
Ocean/Air Freight Charges			
Heavy Lift / Out-of-Gauge Surcharge			
Port Handling & Stevedoring			
Customs Clearance & Documentation			
Inland Heavy Haulage / Escort Services			

Subtotal: _____

Tax/VAT: _____

TOTAL DUE: _____

Payment Terms: [Net 30 / Upon Receipt]
Bank Details: [Bank Name] | **SWIFT:** [Code] | **IBAN:** [Number]
Notes: All business is transacted under [Standard Trading Conditions Name].