PROJECT CARGO INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Address]
[Contact Person]
[Tax ID]

LOGISTICS PROVIDER / AGENT

[Agent Name]
[Agent Address]
[Contact Email/Phone]

Project ID: _____
Vessel/Flight: _____
Bill of Lading: _____
Origin: _____
Destination: _____
Cargo Weight: _____
Incoterms: _____
Dimensions: _____
Container/Unit #: _____

Description of Services / Cargo Charges	Qty/Units	Rate	Amount
Ocean/Air Freight Charges			
Heavy Lift / Oversized Handling			

Description of Services / Cargo Charges	Qty/Units	Rate	Amount
Port Handling & Terminal Charges			
Customs Brokerage & Documentation			
Inland Transportation (Multimodal)			
Escort Services / Survey Fees			

Subtotal: $0.00
Tax/VAT: $0.00
Total Amount: $0.00

PAYMENT INSTRUCTIONS

Bank Name: _____
SWIFT/BIC: _____
Account Number (IBAN): _____

Thank you for your business. Please include the Invoice Number as a reference in your payment.