LOGISTICS INVOICE

Company Name
Street Address
City, State, Zip
Contact: email@example.com

Invoice #: _____

Date: _____

Project ID: _____

PO #: _____

BILL TO

Client Name
Department/Attention
Street Address
City, State, Zip

SHIPMENT SUMMARY

Origin: _____
Destination: _____
Carrier: _____
Waybill: _____

Service Description	Quantity	Rate/Unit	Total
Freight Charges (Sea/Air/Road)			
Customs Clearance & Documentation			
Warehousing & Storage			

Service Description	Quantity	Rate/Unit	Total
Handling & Loading Fees			
Insurance Premium			

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

PAYMENT TERMS & INSTRUCTIONS

Please make checks payable to **Company Name**.
Wire Transfer: Bank Name | Account: _____ | Swift: _____
Payment is due within 30 days of invoice date.