FUEL SURCHARGE INVOICE

[Company Name]
[Address Line 1]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name]
[Customer Address]
[Contact Reference]

FLIGHT DETAILS

Aircraft Reg: _____
Route: _____
Flight Date: _____

Description	Quantity (Gal/L)	Base Index	Surcharge Rate	Total
Aviation Fuel Surcharge (Jet A-1/Avgas)				
Administrative Processing Fee				

Subtotal: $0.00
Tax (___%): $0.00

Amount Due: $0.00

Payment Terms: Net [30] Days. Please include invoice number with remittance.

Calculations based on [Monthly/Weekly] Fuel Price Index average.