FUEL SURCHARGE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]

REFERENCE

Account ID: _____
PO Number: _____
Period: _____

Description of Service / Shipment ID	Base Freight	Fuel %	Surcharge Amount
[Service Item/Route Details]	$ 0.00	0.00%	$ 0.00
[Service Item/Route Details]	$ 0.00	0.00%	$ 0.00
[Service Item/Route Details]	$ 0.00	0.00%	$ 0.00

Total Base Freight: $ 0.00

Total Fuel Surcharge: $ 0.00
Total Amount Due: $ 0.00

Notes: Fuel surcharges are calculated based on the [National/Regional] weekly average fuel index. Thank you for your business.