FUEL SURCHARGE INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]

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

BILL TO

[Client Company Name]
[Client Contact Person]
[Client Street Address]
[City, State, Zip]

REFERENCE DETAILS

Reference No: [BOL/PO Number]
Billing Period: [Start Date] - [End Date]
Index Source: [EIA Index / Weekly Avg]

Description	Base Freight Cost	Surcharge %	Amount
Weekly Fuel Adjustment - [Route/Region]	$0.00	0.00%	$0.00
Secondary Fuel Index Adjustment	$0.00	0.00%	$0.00

Subtotal: $0.00
Tax Rate (0%): $0.00
Total Due: $0.00

Payment is due within [Number] days. Please include invoice number with your remittance.

Thank you for your business.