FUEL SURCHARGE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
[Customer Name]
[Customer Address]
[City, State, Zip]
Reference Details:
Master Invoice #: _____
Billing Period: _____
Region/Route: _____

Description	Base Freight Amount	Surcharge %	Amount
Weekly Fuel Surcharge - [Dates]	$ 0.00	0.00%	$ 0.00
Additional Delivery Fees	$ 0.00	0.00%	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00

Total Due: $ 0.00

Notes: Fuel surcharges are calculated based on the [Specify Index, e.g., EIA Weekly Retail On-Highway Diesel] national average.

Please make checks payable to **[Company Name]**.