[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name]
[Customer Address]
[City, State, Zip]
Attn: Accounts Payable

SHIPMENT REFERENCE

BOL/Reference #: _____
Carrier ID: _____
Route: _____

DESCRIPTION	RATE/INDEX	BASE AMOUNT	TOTAL
Primary Freight Charges	-	$	$
Fuel Surcharge (FSC) Based on [EIA/DOE] Weekly Index: $_____	_____ %	$	$
Accessorial Charges [Specify]	-	$	$

Subtotal: $ _____
Tax: $ _____
Total Amount: $ _____

Please make checks payable to [Company Name].
Fuel surcharges are calculated based on the national average diesel price at the time of dispatch.
Thank you for your business.