COURIER SERVICE NAME

123 Logistics Way
City, State, Zip
Contact: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

REFERENCE:

Billing Period: _____
Account ID: _____

Description of Service	Base Freight	Fuel %	Surcharge Amount
Weekly Courier Services (Shipments: ____)	$ 0.00	0.00%	$ 0.00
Additional Stops / Specialized Delivery	$ 0.00	0.00%	$ 0.00

Total Base Freight: $ _____
Total Fuel Surcharge: $ _____

TOTAL DUE: $ _____

Fuel surcharges are calculated based on the National Average Diesel/Gasoline Price Index.

Payment terms: Net 30. Thank you for your business.