FUEL SURCHARGE INVOICE

[Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Client Name]
[Client Address]
[Contact Person]

Reference Details:

Master Bol #: _____
Period: _____ to _____
Route: _____

Description	Base Freight Cost	FSC % Rate	Surcharge Total
Fuel Surcharge (Weekly Adjustment)	$ 0.00	0.00%	$ 0.00
Additional Miles/Accessorial FSC	$ 0.00	0.00%	$ 0.00

Subtotal: $ _____

Tax (if applicable): $ _____

Total Amount Due: $ _____

Notes: Fuel surcharge is calculated based on the National Average Diesel Fuel Index at the time of dispatch.

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].