FUEL SURCHARGE INVOICE

Invoice #: _____

Date: _____

FROM (Owner Operator):

Name: _____

Address: _____

Phone: _____

MC/DOT #: _____

BILL TO (Carrier/Broker):

Company: _____

Address: _____

Load ID: _____

Truck #: _____

Description	Miles/Qty	Rate/Index	Amount
Base Freight Charges			$
Fuel Surcharge (FSC)			$

Description	Miles/Qty	Rate/Index	Amount
Reefer Fuel / Accessorials			$

Subtotal: $_____

TOTAL DUE: $_____

Notes / FSC Calculation Basis:

Payment Terms: Net ____ Days. Please make checks payable to the Owner Operator listed above.