# FUEL SURCHARGE INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

**Invoice #:** _____
**Date:** _____
**Reference:** _____

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**Bill To:**
[Client Name]
[Client Address]
[City, State, Zip]

**Load Details:**
Load ID: _____
Route: _____

| Description | Base Rate / Qty | Surcharge % or Rate | Amount |
|---|---|---|---|
| Primary Freight Charge (Heavy Haul) | $ | - | $ |
| Fuel Surcharge (FSC) | $ | % | $ |
| Additional Oversize/Overweight Fees | | | $ |

**Subtotal:** $ _____

**Tax:** $ _____

**Total Due: $ _____**

**Fuel Index Source:** _____

**Notes:** Fuel surcharge calculated based on weekly DOE National Average or contract specific index.

Thank you for your business.