FUEL SURCHARGE INVOICE

Invoice #: _____
Date: _____
Reference: _____

FROM:
[Company Name]
[Street Address]
[City, State, Zip]
[Contact Phone/Email]

BILL TO:
[Client Name]
[Street Address]
[City, State, Zip]
[Account Number]

AWB / Tracking Number	Shipment Date	Freight Amount	Surcharge %	Total Surcharge

Subtotal Surcharge: $ _____
Tax (if applicable): $ _____
TOTAL DUE: $ _____

Payment Terms: Net [X] Days. Fuel surcharges are calculated based on monthly carrier index averages at the time of shipment.

Banking Details: Bank: _____ | SWIFT: _____ | Account: _____