FUEL SURCHARGE INVOICE

Invoice #: _____
Date: _____

PROVIDER
[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

BILL TO
[Customer Name]
[Customer Address]
[Account Number]
[Reference/PO #]

Description	Base Freight	FSC %	Total Surcharge
Weekly Fuel Surcharge - Index: [Market Rate]	$ 0.00	0.00%	$ 0.00
[Additional Route/Load Reference]	$ 0.00	0.00%	$ 0.00

Subtotal Freight: $ 0.00
Total Fuel Surcharge: $ 0.00

Total Amount Due: $ 0.00

PAYMENT TERMS
Net [30] Days. Please make checks payable to [Company Name].

Fuel surcharge is calculated based on the [EIA/National] average price per gallon effective as of [Date].