FUEL SURCHARGE INVOICE

Reference No: _____
Date: _____

[Carrier Name]
[Address Line 1]
[City, State, Zip]
[VAT/Tax ID]

Bill To:

[Customer Name]
[Billing Address]
[Contact Person]

Vessel/Voyage Details:

Vessel Name: _____
Voyage Number: _____
Port of Loading: _____
Port of Discharge: _____

Description	Bill of Lading #	Quantity (TEU/Weight)	BAF Rate	Total Amount
Bunker Adjustment Factor (BAF)				
Low Sulfur Surcharge (LSS)				
Emergency Fuel Surcharge				

Subtotal: _____
Tax/VAT: _____

Total Amount Due (USD): _____

Payment Instructions:

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account: _____

Note: Fuel surcharges are calculated based on the average bunker price index for the relevant period.