FUEL SURCHARGE INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Customer Name]
[Customer Address]
[City, State, Zip]
[Contact Reference]

TRANSPORT DETAILS:

Load/Job ID: _____

Vehicle/Fleet ID: _____

Route: _____

Description	Base Rate / Distance	Surcharge % / Rate	Amount
Base Freight Charges		-	

Description	Base Rate / Distance	Surcharge % / Rate	Amount
Fuel Surcharge (FSC) - Period: [Date Range]			
Additional Fees (Tolls/Accessorials)		-	

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Notes: Fuel surcharge calculated based on [Index Name, e.g., EIA Weekly Retail On-Highway Diesel Prices] at a base rate of $[Amount].

Payment Terms: [Net 30/Direct Deposit/Wire Transfer Details]