INVOICE

[Carrier Name]
[Address]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Customer Name]
[Customer Address]
[Contact Person]
SHIPMENT DETAILS:
Load ID / BOL: _____
Origin: _____
Destination: _____

Description	Qty / Miles	Rate	Amount
Base Freight Charge			
Fuel Surcharge (FSC) Based on DOE National Average: $____ / gal			
Accessorial Charges			

Subtotal: $_____
Tax: $_____

TOTAL DUE: $_____

Notes: Fuel surcharge is calculated based on the weekly EIA/DOE average at the time of dispatch.

Please make checks payable to: [Carrier Name]