

AIR CARGO INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT No]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client Name]
[Client Address]
[Contact Number]
[Email Address]

SHIPMENT DETAILS

AWB Number: _____
Origin: _____
Destination: _____
Weight: _____ kg

| Description of Service | Rate | Qty/Weight | Total |
|------------------------|------|------------|-------|
| Air Freight Charges | | | |
| Fuel Surcharge | | | |
| Security Fees | | | |
| Handling & Warehousing | | | |

| Description of Service | Rate | Qty/Weight | Total |
|------------------------|------|------------|-------|
|------------------------|------|------------|-------|

| | | | |
|-------------------|--|--|--|
| Customs Clearance | | | |
|-------------------|--|--|--|

Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name] | Account Name: [Name] | SWIFT/BIC: [Code] | IBAN: [Number]

Terms: Please include the invoice number as a reference for your payment.