

# COLD CHAIN LOGISTICS

123 Refrigeration Way  
Industrial Park, NY 10001  
contact@coldchainlogistics.com

## INVOICE

Invoice #: [0000]  
Date: [MM/DD/YYYY]  
Due Date: [MM/DD/YYYY]

### BILL TO:

[Client Name]  
[Street Address]  
[City, State, Zip]  
Attn: [Contact Person]

### SHIPMENT DETAILS:

**AWB/BOL:** [Number]  
**Origin:** [City, Country]  
**Destination:** [City, Country]

Description of Goods & Services	Temp. Range	Quantity/Weight	Unit Price	Amount
Refrigerated Transport (FTL)	2C to 8C	[0.00]	[\$[0.00]]	[\$[0.00]]
Cold Storage Handling	-20C	[0.00]	[\$[0.00]]	[\$[0.00]]
Dry Ice / Refrigerant Top-up	N/A	[0.00]	[\$[0.00]]	[\$[0.00]]
Temperature Monitoring Report	N/A	[0.00]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Fuel Surcharge: \$[0.00]

Tax: \$[0.00]  
TOTAL: \$[0.00]

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**Terms & Conditions:** Payment is due within 30 days. All perishable goods are handled according to HACCP standards. Temperature logs available upon request.

Thank you for your business.