

INVOICE

Logistics & Freight Services

Invoice #: _____

Date: _____

SHIPPER / EXPORTER

Tax ID: _____

CONSIGNEE / IMPORTER

Contact: _____

SHIPMENT DETAILS

HBL/AWB: _____

Origin: _____

Destination: _____

Vessel/Flight: _____

Weight (KG): _____

Volume (CBM): _____

Incoterms: _____

Container #: _____

Package Count: _____

Description of Charges	Qty/Units	Rate	Amount (USD)
Ocean/Air Freight Charge			

Description of Charges	Qty/Units	Rate	Amount (USD)
Fuel Surcharge (BAF)			
Origin Handling Charges			
Customs Clearance Fee			
Documentation Fee			
Subtotal: \$ 0.00			
Tax/VAT: \$ 0.00			
Total Due: \$ 0.00			

PAYMENT INSTRUCTIONS

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

Terms: Payment due within ___ days of invoice date.