

[LOGISTICS COMPANY NAME]

[Address Line 1]
[City, State, Zip]
[Phone / Email]

INVOICE

No: _____
Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Name]
[Tax ID/VAT]

SHIPMENT DETAILS:

Consignment No: _____
Vehicle No: _____
Origin: _____
Destination: _____

Description (Goods / Route)	Quantity / Weight	Rate	Total
Freight Charges			
Loading/Unloading Fees			
Fuel Surcharge			
Tolls & Permits			
Other: _____			

Subtotal: _____
Tax / VAT: _____

Amount Due: _____

PAYMENT INSTRUCTIONS:

Bank Name: [Name]

Account Number: [Number]

SWIFT/IBAN: [Code]

Payment Terms: Net [30] Days

Received by: _____ Date: _____

Thank you for your business. For tracking or support, visit [website].