

OCEAN FREIGHT INVOICE

Carrier Name Line 1

Address Line 2

Contact/Tax ID

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

CONSIGNEE:

Vessel/Voyage:

Bill of Lading #:

Container #:

Port of Loading:

Port of Discharge:

ETD/ETA:

Description of Charges	Qty/Unit	Rate	Currency	Total
Ocean Freight				
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Documentation Fee				

Subtotal: _____

Tax/VAT: _____

TOTAL DUE: _____

Remittance Instructions:

Bank Name: _____ | SWIFT/BIC: _____

Account Name: _____ | IBAN/Account #: _____

Standard Trading Conditions Apply. Goods are handled subject to the Carrier's Bill of Lading terms.