FREIGHT INVOICE

Manifest ID: _____

Carrier Information

Company Name: _____

MC / DOT #: _____

SHIPPER / ORIGIN

_____

_____

Date: ____/____/____

CONSIGNEE / DESTINATION

_____

_____

Required Delivery: ____/____/____

BILL TO_____

P.O. NUMBER_____

TERMS_____

Qty	Description of Goods	Weight	Class	Rate	Total

Qty	Description of Goods	Weight	Class	Rate	Total

Freight Charges: $ _____
Fuel Surcharge: $ _____
Accessorials: $ _____

TOTAL DUE: $ _____

DRIVER SIGNATURE

RECEIVER SIGNATURE