FREIGHT INVOICE

[Carrier Company Name]

[Address / Contact Info]

INVOICE #
DATE

BILL TO:
SHIPMENT DETAILS:
BOL #
MANIFEST #
VESSEL/VEHICLE
ORIGIN/DEST

Item / Code	Description of Freight Services	Weight/Qty	Rate	Amount

Subtotal: $ _____
Fuel Surcharge: $ _____
Fees / Handling: $ _____
TOTAL DUE: $ _____

TERMS & CONDITIONS

Payment is due within [XX] days. All claims for shortages or damages must be reported within 24 hours of delivery. Standard commercial freight liability applies unless otherwise declared.