FREIGHT INVOICE

Invoice #: [000000]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

SHIPPER / EXPORTER	CONSIGNEE / IMPORTER
[Company Name] [Address Line 1] [City, State, Zip] [Phone/Email]	[Company Name] [Address Line 1] [City, State, Zip] [Phone/Email]
Bill of Lading #: [Reference] **Vessel/Voyage:** [Name/Number] **Port of Loading:** [Location]	**Container #:** [Number] **Seal #:** [Number] **Port of Discharge:** [Location]

MANIFEST DETAILS

Description of Goods	Weight (KG)	Volume (CBM)	Quantity	Rate	Amount
[Description]	[0.00]	[0.00]	[0]	[0.00]	[0.00]
Ocean Freight Charges	-	-	1	[0.00]	[0.00]
Terminal Handling Charges	-	-	1	[0.00]	[0.00]
Fuel Surcharge (BAF)	-	-	1	[0.00]	[0.00]

Subtotal:	[0.00]
Tax/VAT:	[0.00]
Total (USD):	**[0.00]**

PAYMENT INSTRUCTIONS

Bank Name: [Bank Name]
SWIFT/BIC: [Code]
Account Number: [Number]