FREIGHT MANIFEST / INVOICE
Distribution Center ID: _____

Invoice #: _____
Date: _____

FROM (Origin):

Name: _____
Address: _____
City/ST/Zip: _____

TO (Destination):

Name: _____
Address: _____
City/ST/Zip: _____

Carrier Name:

Trailer #:

Seal #:

Item / SKU	Description	Qty	Unit Type	Weight (lbs)	Rate	Total

Item / SKU	Description	Qty	Unit Type	Weight (lbs)	Rate	Total

Subtotal: $ _____

Fuel Surcharge: $ _____

Accessorial Charges: $ _____

TOTAL DUE: $ _____

Authorized Loader Signature
Driver Signature (Received in good order)

Notes/Special Instructions:
_____
____