FREIGHT MANIFEST & INVOICE

Carrier Name:
Address Line 1
City, State, Zip
Phone: (000) 000-0000

Invoice #: _____

Date: _____

PO #: _____

Shipper / Consignor

Consignee / Ship To

Vehicle & Driver Info

Truck ID: _____
Trailer ID: _____
Driver Name: _____

Shipping Details

Pickup Date: _____
Delivery Date: _____
Service Level: _____

Description of Goods	Qty	Weight	Rate	Total

Description of Goods	Qty	Weight	Rate	Total

Notes / Special Instructions

Subtotal: $0.00
Fuel Surcharge: $0.00
Tax: $0.00

Total Balance: $0.00

Shipper Signature
Driver Signature
Receiver Signature