FREIGHT MANIFEST & INVOICE

Carrier: _____

Invoice #: _____
Date: _____
BOL #: _____

SHIPPER / ORIGIN

Name: _____
Address: _____
City/ST/ZIP: _____
Phone: _____

CONSIGNEE / DESTINATION

Name: _____
Address: _____
City/ST/ZIP: _____
Phone: _____

BILLING PARTY

Name: _____
Account #: _____

SHIPPING DETAILS

Carrier SCAC: _____
Trailer #: _____
PO #: _____

Qty	Unit Type	Description of Goods (Hazmat details if applicable)	Weight (lbs)	Rate	Total

Qty	Unit Type	Description of Goods (Hazmat details if applicable)	Weight (lbs)	Rate	Total

Freight Subtotal	$
Fuel Surcharge	$
Accessorial Charges	$
Total Amount Due	**$**

SHIPPER SIGNATURE

Date:

DRIVER SIGNATURE

ID #:

Standard Terms and Conditions Apply. Subject to the classifications and tariffs in effect on the date of issue. Payments due within 30 days of invoice date.