FREIGHT INVOICE

Carrier Name: _____
PRO Number: _____

Date: _____
Invoice #: _____
Load ID: _____

Shipper (Origin)

Name:
Address:
City/ST/Zip:
BOL #:

Consignee (Destination)

Name:
Address:
City/ST/Zip:
PO #:

Bill To

Company:
Address:
City/ST/Zip:

Shipment Details

Terms: [ ] Prepaid [ ] Collect
Service Level: _____
Trailer #: _____

Handling Units	Package Type	Description of Articles / NMFC #	Class	Weight (lbs)	Rate	Charges

Freight Subtotal: $ _____

Fuel Surcharge: $ _____

Accessorials: $ _____

Total Due: $ _____

Accessorial Descriptions / Notes

Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled according to DOT regulations.