3PL INVOICE

Manifest ID: _____

Date: _____

LOGISTICS PROVIDER
[Company Name]
[Address Line 1]
[Tax ID / VAT Number]

BILL TO

[Client Name]
[Billing Address]
[Contact Phone/Email]

SHIPMENT SUMMARY

Carrier: _____
BOL #: _____
Total Weight: _____

Reference / SKU	Description of Services/Goods	Qty/Units	Rate	Amount
	Warehousing & Handling			
	Freight Charges			
	Fuel Surcharge			
	Accessorial Charges			

Subtotal: $0.00

Tax: $0.00

TOTAL DUE: $0.00

TERMS & INSTRUCTIONS

Payment Terms: Net [ ] Days. Please make checks payable to [Company Name].

For electronic transfers: Bank: _____ | Account: _____ | Routing: _____