PROFORMA INVOICE

Invoice #: _____
Date: _____
PO #: _____

CARRIER:
[Company Name]
[Address]
[Phone/Email]
MC / DOT #: _____

BILL TO:
[Customer Name]
[Address]
[Phone/Email]

SHIPMENT DETAILS

Origin: _____ **Destination:** _____

Pickup Date: _____ **Delivery Date:** _____

Equipment: _____ **Commodity:** _____

Description of Charges	Quantity/Miles	Rate	Amount
Linehaul Freight			
Fuel Surcharge			
Accessorials (Tarp, Stop-off, etc.)			
Detention / Layover			

Subtotal: $ _____

Tax/Fees: $ _____

TOTAL DUE: **$** _____

NOTES & INSTRUCTIONS

Payment Terms: _____
Bank Details: _____

This is a proforma estimate and not a final tax invoice. Final charges may vary based on actual weight, detention time, or additional accessorial fees incurred during transit.