

# INVOICE

Courier Service Provider

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## SENDER / BILLING

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## RECIPIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Waybill #	Description of Goods	Weight	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Surcharge: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Thank you for choosing our courier services.

Payment Terms: Due upon receipt.