

INVOICE

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

INVOICE #: _____
DATE: _____
PO NUMBER: _____

VENDOR / CARRIER:

BILL TO:

CONTAINER #:

B/L OR WAYBILL:

VESSEL/VOYAGE:

ORIGIN (PRE-CARRIAGE):

DESTINATION (ON-CARRIAGE):

Description of Charges (Sea/Rail/Road)	Qty	Rate	Currency	Total
Ocean Freight				
Terminal Handling (THC)				

Description of Charges (Sea/Rail/Road)	Qty	Rate	Currency	Total
Rail/Intermodal Transfer				
Drayage / Last Mile Delivery				
Bunker Adjustment Factor (BAF)				
Customs Clearance Fees				
Documentation / Admin				

Subtotal: _____

Tax/VAT: _____

Total Amount: _____

PAYMENT TERMS & INSTRUCTIONS:

Bank Name: _____ | SWIFT/BIC: _____ | IBAN/Account: _____

Notes: _____