

# DELIVERY INVOICE

[Company Name]

[Street Address, City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_/\_\_/\_\_\_\_  
**Tracking #:** \_\_\_\_\_

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**BILL TO:**

[Customer Name]

[Billing Address]

[Phone / Email]

**DELIVERY DESTINATION:**

[Recipient Name]

[Shipping Address]

[Delivery Instructions]

Description	Weight/Qty	Unit Price	Amount
Base Delivery Fee (Last Mile)			
Fuel Surcharge			
Special Handling / Priority			
Insurance Coverage			
Subtotal: \$0.00			
Tax: \$0.00			
Total: \$0.00			

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Payment Terms: Due upon receipt.

Thank you for choosing [Company Name] for your last mile delivery needs.