

INVOICE

Driver Name: _____

Truck #: _____

Invoice #: _____

Date: _____

BILL TO:

Carrier/Company Name: _____

Address: _____

City, State, Zip: _____

REMIT TO:

Address: _____

City, State, Zip: _____

Phone/Email: _____

Date	Load # / BOL	Origin / Destination	Miles/Qty	Rate	Total
Accessorials (Fuel, Detention, Tarp)					

Subtotal: \$ _____

Adjustments: \$ _____

TOTAL DUE: \$ _____

Notes / Payment Instructions:

Thank you for your business.