

# INVOICE

## Logistics Transportation Log

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

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

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### Carrier/Driver Info:

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

Truck ID: \_\_\_\_\_

License #: \_\_\_\_\_

### Bill To:

Company: \_\_\_\_\_

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

Contact: \_\_\_\_\_

DATE	LOAD/BOL #	ORIGIN	DESTINATION	START TIME	END TIME	MILES	RATE	TOTAL

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

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

Tolls/Accessorial: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

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**Notes/Remarks:** \_\_\_\_\_

**Driver Signature:** \_\_\_\_\_ **Receiver Signature:** \_\_\_\_\_