

Carrier/Driver Name:

Address:

Phone/Email:

INVOICE

Date:

Invoice #:

BILL TO

Customer/Broker:

Address:

MC/DOT #:

TRIP DETAILS

Truck #: Trailer #:

Origin:

Destination:

Load/BOL #	Date	Description (Mileage/Flat Rate/Detention)	Qty/Miles	Rate	Amount
		Line Haul			
		Fuel Surcharge			
		Tolls/Scales			
		Lumper/Other			

Subtotal: \$ _____

Fees/Advances: (\$ _____)

TOTAL DUE: \$ _____

Payment Terms: Net Days

Notes/Instructions: _____

Driver Signature

Receiver/Agent Signature