

INVOICE

Owner Operator: _____

Truck #: _____ Trailer #: _____

Invoice #: _____

Date: _____

Bill To:

Remit To:

Load #	Pick-up Date	Origin / Destination	Miles	Rate/Flat	Total
Accessorial Description (Fuel Surcharge, Detention, Tarp, etc.)					Amount

Accessorial Description (Fuel Surcharge, Detention, Tarp, etc.)	Amount

Subtotal: \$ _____

Total Accessorials: \$ _____

Total Amount Due: \$ _____

Notes:

Please include BOL and signed Rate Confirmation with payment.