

INVOICE

Carrier/Driver Name
Address Line 1
City, State, Zip

Invoice #: _____

Date: _____

BILL TO:

Company Name
Address Line 1
City, State, Zip

TRIP DETAILS:

Truck #: _____

Trailer #: _____

Route: _____

Date	Load/BOL #	Origin / Destination	Miles	Rate	Total
Additional Fees (Fuel, Detention, Layover)				Amount	

Subtotal:\$ _____

Tax/Fees:\$ _____

TOTAL DUE:\$ _____

Payment Terms:

Net ___ days. Please make checks payable to _____.

Thank you for your business!