

# INVOICE

Short Haul Trucking Services

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

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

---

**Carrier / Company:**

\_\_\_\_\_

Phone: \_\_\_\_\_

**Bill To:**

\_\_\_\_\_

Project: \_\_\_\_\_

Date	Truck/Unit #	Origin / Destination	Material / Load #	Qty (Tons/Loads)	Rate	Amount

**Notes / Special Instructions:**

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

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

---

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

---

Payment Terms: Net \_\_\_\_ days. Please make checks payable to \_\_\_\_\_.

Driver Signature: \_\_\_\_\_ Customer Signature: \_\_\_\_\_