SHIPPING INVOICE

Logistics Provider: [Company Name]
[Street Address], [City, State, Zip]
Phone: [000-000-0000] | Email: [Email Address]

Invoice #: _____
Date: _____
Waybill/BOL: _____

SHIPPER (PICK-UP)

[Name/Company]
[Street Address]
[City, State, Zip]
Contact: [Phone Number]

CONSIGNEE (DELIVERY)

[Name/Company]
[Street Address]
[City, State, Zip]
Contact: [Phone Number]

Description of Goods	Qty	Weight	Dimensions	Unit Price	Total
				Freight Charges	
				Fuel Surcharge	
				Handling/Other Fees	

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Payment Terms: [Net 30/Due on Receipt]

Notes: Door-to-door service subject to standard terms and conditions. Please reference invoice number on all payments.