SHIPPING INVOICE

[Logistics Company Name]
[Address Line 1]
[Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

[Name]
[Address]
[Tax ID/VAT]

CONSIGNEE

[Name]
[Address]
[Contact Phone]

SHIPMENT DETAILS

Vessel/Voyage:	_____
Port of Loading:	_____
Port of Discharge:	_____
B/L Number:	_____

CONTAINER INFO

Container No:	_____
Size/Type:	_____

Seal No:	_____
Weight (KGS):	_____

Description of Charges	Quantity	Rate	Currency	Amount
Ocean Freight (FCL)				
Terminal Handling Charges (THC)				
Documentation Fee				
Bunker Adjustment Factor (BAF)				

Subtotal: _____
Tax/VAT: _____
TOTAL DUE: _____

Payment Instructions:
Bank Name: _____ | SWIFT/BIC: _____ | Account No: _____

All business is transacted subject to the Standard Trading Conditions of the Freight Forwarders Association.