INVOICE

Logistics & Freight Services

Invoice #: [Number]

Date: [Date]

Shipper / Exporter:

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

Consignee / Importer:

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

HBL/MBL: [Reference]
Vessel/Flight: [Name/No]
Port of Loading: [Origin]
Container No: [Number]
ETD/ETA: [Dates]
Port of Discharge: [Destination]
Incoterms: [e.g. FOB, CIF]
Weight: [Kgs/Lbs]
Volume: [CBM]

Description of Charges	Currency	Rate	Qty/Unit	Amount
Ocean/Air Freight	[USD]	0.00	1	0.00
Customs Clearance	[USD]	0.00	1	0.00
Terminal Handling (THC)	[USD]	0.00	1	0.00

Description of Charges	Currency	Rate	Qty/Unit	Amount
Documentation Fee	[USD]	0.00	1	0.00
Trucking / Delivery	[USD]	0.00	1	0.00

Subtotal: 0.00
Tax/VAT: 0.00

Total Due: 0.00

Payment Instructions:

Bank Name: [Name] | SWIFT: [Code] | Account: [Number]

Notes: [Terms and Conditions regarding late fees or demurrage]