SHIPPING INVOICE

[Carrier Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / FROM

_____
_____
_____
_____

CONSIGNEE / TO

_____
_____
_____
_____

BILL OF LADING (BOL) _____
PRO NUMBER _____
PO NUMBER _____
MODE _____
WEIGHT (LBS/KG) _____
PALLETS/PIECES _____
SERVICE LEVEL _____
TERMS _____

DESCRIPTION OF SERVICES / CARGO	QUANTITY	RATE/PRICE	TOTAL
Freight Charges			

DESCRIPTION OF SERVICES / CARGO	QUANTITY	RATE/PRICE	TOTAL
Fuel Surcharge			
Accessorials (Liftgate/Inside Delivery)			
Insurance / Other			

Subtotal: $ _____
Tax: $ _____
Amount Due: $ _____

Notes: _____

Please make all checks payable to [Carrier Company Name]. Late payments may be subject to additional fees.