BROKERAGE INVOICE

[Brokerage Name]
[Street Address]
[City, State, Zip]
[MC Number] | [Phone]

Invoice #: _____
Date: _____
Load ID: _____

BILL TO

[Customer Name]
[Billing Address]
[City, State, Zip]
[Contact Email/Phone]

CARRIER INFORMATION

[Carrier Name]
[Driver Name / Truck #]
[Equipment Type: Flatbed/Stepdeck]

ORIGIN (PICKUP)

Date: _____
[Shipper Name]
[Origin City, State]
BOL #: _____

DESTINATION (DELIVERY)

Date: _____
[Receiver Name]
[Destination City, State]
PO #: _____

Description	Quantity/Weight	Rate	Amount
Flatbed Linehaul		$	$

Description	Quantity/Weight	Rate	Amount
Fuel Surcharge			$
Tarping Fees			$
Accessorials (Detention/Layover)			$

Subtotal: $ _____
Total Due: $ _____

Notes: [Insert payment terms, e.g., Net 30]

Please make checks payable to **[Brokerage Name]**. Thank you for your business.