

INVOICE

[Owner Operator Name]

[Street Address]

[City, State, Zip]

[Phone] | [Email]

Invoice #: _____

Date: _____

MC #: _____

DOT #: _____

BILL TO

[Broker/Company Name]

[Address Line 1]

[Address Line 2]

[Contact Person]

REMIT TO

[Payee Name or Factoring Co]

[Address Line 1]

[Address Line 2]

Load Number _____

Truck / Trailer _____

Driver Name _____

Payment Terms _____

Description (Origin to Destination)	Quantity/Miles	Rate	Amount
Line Haul: [Origin] to [Destination]			

Description (Origin to Destination)	Quantity/Miles	Rate	Amount
Fuel Surcharge			
Detention / Layover			
Lumper / Unloading Fees			
Other: _____			

Subtotal: \$ _____

Taxes/Fees: \$ _____

Total Balance Due: \$ _____

Notes: All BOLs and receipts are attached. Please include invoice number on all payments.

Thank you for your business!