

INVOICE

[Your Business Name]
[Street Address]
[City, State, Zip]
Phone: [Phone Number]
Email: [Email Address]

Invoice #: _____
Date: _____
MC/DOT #: _____

BILL TO (BROKER/SHIPPER)

[Company Name]
[Contact Person]
[Address]
[City, State, Zip]

LOAD INFORMATION

Load ID: _____
Origin: _____
Destination: _____

Description	Quantity/Miles	Rate	Total
Line Haul / Freight Charge			\$
Fuel Surcharge			\$
Detention			\$
Lumper / Miscellaneous			\$

Subtotal: \$ _____
Tax/Fees: \$ _____

TOTAL DUE: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Your Business Name]**
Terms: Net [30] Days

Thank you for your business!