

INVOICE

[Owner Operator Name / Business Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

Invoice #: _____

Date: _____

Bill To:

[Carrier/Broker Name]

[Address]

[City, State, Zip]

Payment Terms: [e.g. Net 30]

Due Date: _____

Load/PRO #: _____

MC/DOT #: _____

Origin: _____

Destination: _____

Truck #: _____

Trailer #: _____

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

Subtotal: \$ _____

TOTAL DUE: \$ _____

Remittance Instructions:

Please make checks payable to: [Business Name]

For Direct Deposit: [Bank Name] | Routing: [Number] | Account: [Number]

Thank you for your business!