

INVOICE

[Owner Operator Name]

[Address Line 1]

[City, State, Zip]

[Phone] | [Email]

Invoice #: _____

Date: _____

Truck #: _____

Trailer #: _____

Bill To:

[Carrier/Company Name]

[Address Line 1]

[City, State, Zip]

Route Details:

Origin: _____

Destination: _____

Load/BOL #: _____

Description (Fuel, Tolls, Maintenance, Fees)	Quantity/Miles	Rate/Unit	Total
--	----------------	-----------	-------

**Description (Fuel, Tolls, Maintenance,
Fees)**

Quantity/Miles

Rate/Unit

Total

Subtotal: \$ _____

Reimbursements: \$ _____

Total Due: \$ _____

Payment Terms: [Net 15/30]

Please make checks payable to: **[Business Name]**

Thank you for your business.