

LOGISTICS INVOICE

[Company Name]
[Address Line 1]
[City, Country, Zip]

Invoice No: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

CONSIGNEE / IMPORTER

Vessel/Voyage:

Port of Loading:

Port of Discharge:

B/L or AWB No:

Container No:

Weight (KGS):

Volume (CBM):

Incoterms:

DESCRIPTION OF CHARGES	QTY/UNITS	RATE	CURRENCY	AMOUNT
Ocean Freight				
Terminal Handling Charges (THC)				
Documentation Fee				

DESCRIPTION OF CHARGES	QTY/UNITS	RATE	CURRENCY	AMOUNT
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Customs Clearance

Inland Haulage

Subtotal: _____

Tax/VAT: _____

Total Amount: _____

PAYMENT INSTRUCTIONS

Bank Name: _____ | SWIFT: _____ | IBAN: _____

Terms: All business is transacted subject to the Standard Trading Conditions of the Freight Forwarders Association.