LCL OCEAN FREIGHT INVOICE

Company Name: _____
Address: _____
Phone: _____

Invoice #: _____
Date: _____
Due Date: _____

CONSIGNEE (BILL TO)

_____
_____
_____

SHIPMENT DETAILS

HBL #: _____
Vessel/Voyage: _____
Port of Loading: _____
Port of Discharge: _____

CARGO DESCRIPTION

Marks/Nos: _____
No. of Pkgs: _____
Commodity: _____

MEASUREMENTS

Gross Weight (KGS): _____
Volume (CBM): _____
Chargeable Weight: _____

Description of Charges	Basis	Rate	Currency	Amount
Ocean Freight (LCL)				
Terminal Handling Charge (THC)				

Description of Charges	Basis	Rate	Currency	Amount
LCL Services / Stripping				
Documentation Fee				
Fuel Surcharge (BAF)				

Subtotal: _____
Tax/VAT: _____
TOTAL DUE: _____

Payment Instructions:
Bank Name: _____ | Account Name: _____ | SWIFT/BIC: _____