OCEAN FREIGHT INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

SHIPPER / EXPORTER

[Name]
[Address]
[Contact Info]

CONSIGNEE / IMPORTER

[Name]
[Address]
[Contact Info]

Vessel / Voyage

_____

Port of Loading

_____

Port of Discharge

_____

B/L Number

_____

Container No.

_____

Seal No.

_____

Incoterms

_____

Currency

_____

Description of Charges	Quantity	Rate	Total
Ocean Freight (Main Carriage)			
Bunker Adjustment Factor (BAF)			
Terminal Handling Charges (THC)			
Documentation Fee			
Customs Clearance			
[Additional Service]			

Subtotal: _____
Tax / VAT: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Bank Name: _____ | Account Name: _____ | SWIFT/BIC: _____ | IBAN: _____

Terms and conditions of the Bill of Lading apply. Freight prepaid unless otherwise stated.