INVOICE

[Company Name]
[Street Address]
[City, Country]

Invoice #: [00000]
Date: [DD/MM/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Tax ID/VAT]

PAYMENT TERMS:

[Due Date / Net Days]

Vessel/Voyage: [Name/No]
Port of Loading: [Port Name]
Port of Discharge: [Port Name]
B/L Number: [Reference]
Container No: [Number/Type]
Weight/Volume: [Kgs / CBM]

Description of Handling Fees	Qty/Unit	Rate	Amount
Terminal Handling Charges (THC)	[Qty]	[0.00]	[0.00]
Documentation Fee	[Qty]	[0.00]	[0.00]
Customs Clearance Handling	[Qty]	[0.00]	[0.00]

Description of Handling Fees	Qty/Unit	Rate	Amount
Port Security Fee / ISPS	[Qty]	[0.00]	[0.00]
EDI / Manifest Filing Fee	[Qty]	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT: [0.00]

TOTAL (USD): [0.00]

Bank Details: [Bank Name] | **IBAN:** [Number] | **SWIFT:** [Code]
Note: Please include Invoice Number as payment reference.