[COMPANY NAME]

[Street Address]
[City, State, Zip]
PH: [Phone Number]
DOT #: [Number]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Customer Name]
[Billing Address]
[City, State, Zip]
Attn: [Contact Person]

JOB SITE / DELIVERY:

Origin: [Pickup Location]
Destination: [Drop-off Location]
Driver: [Name]

Equipment Details: [Make/Model] | **Serial/VIN:** [Number] | **Dimensions:** [L x W x H] | **Weight:** [LBS/KG]

Description of Services	Quantity/Miles	Rate	Total
Heavy Haul Base Rate			
Permit Fees (Oversize/Overweight)			
Escort / Pilot Car Services			

Description of Services	Quantity/Miles	Rate	Total
Fuel Surcharge			
Loading/Unloading Time (Wait Time)			

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

Notes: [Insert specialized tie-down requirements or route notes here]

Terms: Payment is due within [Number] days. Late payments are subject to a [Percentage]% monthly fee.

Thank you for your business!