LOGISTICS INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Phone/Email]

JOB SITE / DELIVERY LOCATION:

[Site Name/Project ID]
[Site Address]
[Site Contact Name]

Equipment Description (Make/Model/ID)	Service Type	Weight/Qty	Rate	Total

NOTES & TRANSPORT PERMITS:

Subtotal: $_____
Fuel Surcharge: $_____
Insurance/Permits: $_____
Balance Due: $_____

Terms: Net 30. Please make checks payable to **[Company Name]**.

All equipment transport is subject to standard liability terms. Inspection reports attached.