INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Person]
[Phone Number]

LOGISTICS:

Origin: _____
Destination: _____
Permit #: _____
Driver: _____

EQUIPMENT DESCRIPTION:

Make/Model: _____ VIN/Serial: _____
Operating Weight: _____ Dimensions (LxWxH): _____

Description of Services	Qty/Miles	Rate	Total
Heavy Haul Transport Base Fee			
Pilot/Escort Vehicle Services			

Description of Services	Qty/Miles	Rate	Total
Overweight/Oversize Permits			
Loading/Unloading Surcharge			
Fuel Surcharge			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: All equipment inspected at pickup. Claims for damage must be noted on Bill of Lading at time of delivery.

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