TRANSPORT INVOICE

[Logistics Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

_____
_____
_____

TRANSPORT DETAILS:

Origin: _____
Destination: _____
Vehicle ID: _____

Machinery Description / Serial No.	Weight/Dims	Rate	Amount

Surcharges:
(Fuel, Oversize, Permits, Rigging)

Subtotal: $_____

Tax / VAT: $_____

TOTAL DUE: $_____

TERMS & NOTES:

1. Payment is due within [X] days of delivery.
2. Goods carried under [Standard Carriage Terms/BOL] conditions.
3. Please include Invoice Number with your remittance.