TRANSPORT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
DOT #: [Number] | MC #: [Number]

Invoice #: _____
Date: _____
Load ID: _____

BILL TO:

[Customer Name]
[Address]
[Phone/Email]

EQUIPMENT DETAILS:

Make/Model:
Serial/VIN:
Dimensions/Weight:

ORIGIN (PICKUP):

[Facility Name]
[Address]
[Contact Person]

DESTINATION (DELIVERY):

[Facility Name]
[Address]
[Contact Person]

Description of Services (Hauling, Permits, Escorts)	Quantity/Miles	Rate	Total
Linehaul - Interstate Transport			

Description of Services (Hauling, Permits, Escorts)	Quantity/Miles	Rate	Total
Oversize/Overweight Permits			
Fuel Surcharge			
Pilot/Escort Cars			
Loading/Unloading Fees			

Subtotal: $
Taxes/Fees: $
Total Amount Due: $

Terms: Payment due within [X] days. Please make checks payable to [Company Name].

Notes: All transport subject to standard Bill of Lading terms and conditions.