INVOICE

[Company Name]
[Address Line 1]
[Phone Number]
[Email/Tax ID]

Invoice #: _____
Date: _____
PO #: _____

BILL TO

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

JOB SITE / DELIVERY

[Origin City/State]
[Destination City/State]
[Permit Number]

LOAD SPECIFICATIONS

Width: _____ **Height:** _____ **Length:** _____ **Weight:** _____

Description of Services (Escort / Lead / Chase / Transport)	Quantity/Miles	Rate	Total
Base Transport / Freight Fee			
Escort Vehicle Service (Pilot Car)			
Permit Procurement Fees			
Fuel Surcharge			
Overnight / Layover Fees			

Description of Services (Escort / Lead / Chase / Transport)	Quantity/Miles	Rate	Total
Deadhead Miles			

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

Notes: [Insert terms, insurance info, or wire transfer instructions here]

Payment is due within [XX] days. Thank you for your business.