# HEAVY FREIGHT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[DOT Number / MC Number]

**Invoice #:** _____
**Date:** _____
**PO #:** _____

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BILL TO

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

LOGISTICS DETAILS

**Origin:** _____
**Destination:** _____
**Equipment:** [e.g. RGN, Lowboy, Multi-Axle]

LOAD SPECIFICATIONS

**Weight (lbs/tons):** _____
**Length:** _____
**Width:** _____
**Height:**
**Escort Req:** [ ] Yes [ ] No
**Permits:** [ ] Required

| Description of Services (Line Haul, Surcharges, Permits) | Quantity | Rate | Total |
|---|---|---|---|
| Heavy Haul Line Haul - [Mileage/Flat] | | | |

| Description of Services (Line Haul, Surcharges, Permits) | Quantity | Rate | Total |
|---|---|---|---|
| Fuel Surcharge | | | |
| Overweight/Oversize Permits | | | |
| Pilot Car / Escort Services | | | |
| Tarping / Rigging Fees | | | |

Subtotal: $0.00
Tax: $0.00
Total Amount Due: $0.00

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

**Notes:** All specialized loads are subject to cargo insurance limitations unless otherwise declared. Delay time beyond 2 hours loading/unloading will be billed at $_____ per hour.