MOVING COMPANY NAME

123 Carrier Way, Logistics Hub, ST 12345
Phone: (555) 000-0000 | Email: billing@moving.com
DOT #: 0000000 | MC #: 000000

INVOICE

Invoice #: _____
Date: _____
Job #: _____

BILL TO

Customer Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

LOGISTICS DETAILS

Origin: _____
Destination: _____
Total Miles: _____
Weight (lbs): _____

Description of Services / Inventory Items	Quantity/Weight	Rate	Total
Long Haul Transportation (Linehaul)			$
Fuel Surcharge			$

Description of Services / Inventory Items	Quantity/Weight	Rate	Total
Packing/Unpacking Services			$
Full Value Protection / Insurance			$
Accessorials (Stairs, Long Carry, Elevators)			$
Storage-in-Transit (SIT)			$

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

Terms: Payment due upon delivery unless otherwise contracted. We accept Cashier's Check, Credit Card, or Wire Transfer.

Notice: All goods are moved subject to the terms and conditions printed on the Uniform Straight Bill of Lading.