CROSS COUNTRY MOVERS

123 Interstate Way, Suite 500
Logistics Hub, ST 00000
DOT #0000000 | MC #000000

INVOICE

Invoice #: _____

Date: _____

Move Date: _____

ORIGIN ADDRESS (BILL TO)

Name: _____
Street: _____
City/ST/Zip: _____

DESTINATION ADDRESS

Street: _____
City/ST/Zip: _____
Distance (Miles): _____

Description of Services	Rate/Qty	Total
Long Haul Transportation Fee		$
Packing Materials & Labor		$
Fuel Surcharge (____%)		$

Description of Services	Rate/Qty	Total
Valuation / Insurance Coverage		$
Additional Stops / Heavy Item Fees		$

Subtotal: $ _____
Deposit Paid: ($ _____)
Balance Due: $ _____

Notes: All delivery windows are estimates. Final weight certificates available upon request. Payment due upon arrival at destination unless otherwise contracted.