FREIGHT INVOICE

Carrier Name

Address / Contact

MC# / DOT#

INVOICE #

DATE

BILL TO

LOAD INFORMATION
BOL #
PO #

ORIGIN (SHIPPER)

PICKUP DATE

DESTINATION (CONSIGNEE)

DELIVERY DATE

Description / Freight Particulars	Quantity	Rate	Amount
Line Haul			
Fuel Surcharge			
Detention / Accessorials			
Other:			

Subtotal:$
Tax/Fees:$
Total Balance Due:$

PAYMENT TERMS & INSTRUCTIONS

Payable within ____ days. Please make checks payable to:

Thank you for your business.