LONG HAUL TRANSIT SERVICES

[Business Address Line 1]
[City, State, Zip Code]
[Phone Number] | [Email]

INVOICE

Invoice #: _____
Date: _____

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
[Client Phone/Tax ID]

SHIPMENT DETAILS:
Origin: [City, State]
Destination: [City, State]
BOL #: _____
Vehicle ID: _____

Description of Services / Freight	Quantity/Weight	Rate/Mile	Total
Base Long Haul Freight Charges			
Fuel Surcharge			
Loading/Unloading Fees			
Additional Stop-off / Tarping			

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Payment Terms:
Net [30] Days. Please make checks payable to: [Business Name]

Notes / Special Instructions: