DELIVERY INVOICE

Invoice #: [0000]
Date: [Date]
PO/Ref: [Reference Number]

Carrier: [Your Company Name]
Vehicle: Cargo Van # [Unit Number]
Driver: [Driver Name]

PICKUP FROM:
[Shipper Name]
[Address Line 1]
[City, State, Zip]
DELIVER TO:
[Consignee Name]
[Address Line 1]
[City, State, Zip]

Description	Weight/Qty	Rate	Total
Base Delivery Fee (Cargo Van)	-	$	$
Mileage Surcharge	[Miles]	$	$
Loading/Unloading Labor	[Hours]	$	$
Fuel/Misc Surcharge	-	$	$

Subtotal: $_____

Tax: $_____

GRAND TOTAL: $_____

Shipper Signature:

_____
Consignee Signature:

_____

Terms: Payment due within [X] days. Items received in good condition unless otherwise noted.