EXPRESS LOGISTICS

INVOICE

Invoice #: _____
Date: _____

SHIPPER / FROM

_____
_____
_____
Phone: _____

CONSIGNEE / TO

_____
_____
_____
Phone: _____

TRACKING NO.

_____

SERVICE TYPE

_____

WEIGHT

_____

DIMENSIONS

_____

Description of Goods / Services	Qty	Unit Price	Total
Shipping & Handling Fee			$ _____
Fuel Surcharge			$ _____

Description of Goods / Services	Qty	Unit Price	Total
Insurance / Declared Value			$ _____
Additional Services			$ _____

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Terms: Payment is due within 15 days. Thank you for your business.

Subject to standard terms and conditions of carriage.