INVOICE

[Carrier Company Name]
[Address]
[City, State, Zip]
[Phone/Email]

INVOICE # [0000]
DATE [Date]
PAYMENT TERMS [Net 30]

BILL TO: [Client Name]
[Billing Address]
[City, State, Zip]
REMIT PAYMENT TO: [Bank Name]
Account: [Number]
Routing: [Number]

Delivery Date	Tracking / PRO #	Destination Zip	Weight/Units	Rate	Amount
[Date]	[Reference]	[Zip]	[Qty]	[0.00]	[0.00]
[Date]	[Reference]	[Zip]	[Qty]	[0.00]	[0.00]

Subtotal: $[0.00]

Fuel Surcharge: $[0.00]

Accessorials (Liftgate/Inside): $[0.00]

Total Due: $[0.00]

NOTES: Final mile delivery completed per signed BOL. Please include invoice number with payment.