# DELIVERY INVOICE

Invoice #: _____
Date: _____

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

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**Driver Information:**
Name: _____
Vehicle ID: _____
Route ID: _____
**Billing To:**
[Client Name]
[Client Address]
[Contact Person]

| Stop | Destination / Consignee | Items / Description | Weight/Qty | Arrival/Dept | Amount |
|---|---|---|---|---|---|
| 1 | | | | | $ |
| 2 | | | | | $ |
| 3 | | | | | $ |
| 4 | | | | | $ |
| 5 | | | | | $ |

Subtotal: $ _____
Fuel Surcharge: $ _____
Labor/Handling: $ _____

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**TOTAL DUE: $ _____**

**Notes:** _____

Driver Signature: _____
Receiver Signature: _____