FREIGHT INVOICE

Carrier Name
Registration No: 000-000-000
contact@carrier.com

Invoice #: _____

Date: _____

Due Date: _____

LAST MILE TRACKING DETAILS
PRO/Tracking Number: _____ | Vehicle ID: _____ | Route ID: _____

SHIPPER / PICKUP

Name: _____
Address: _____
City/Zip: _____

CONSIGNEE / FINAL DELIVERY

Name: _____
Address: _____
City/Zip: _____

Item Description	Qty/Weight	Rate	Surcharge	Amount
Base Freight (Last Mile)				
Fuel Surcharge				

Item Description	Qty/Weight	Rate	Surcharge	Amount
Accessorial: Liftgate				
Accessorial: Inside Delivery				
Residential Delivery Fee				

Subtotal:$0.00
Tax:$0.00
Total Due:$0.00

Terms: Net 30. Please include Invoice Number with payment.

Thank you for choosing our specialized freight services.