[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Contact Phone]

TRANSPORT DETAILS

Origin: _____
Destination: _____
Equipment: _____
VIN/Serial: _____

Description (Unit/Make/Model)	Dimensions/Weight	Rate/Mile	Distance	Total
			Permit Fees (Oversize/Overweight)	
			Escort/Pilot Car Services	

Description (Unit/Make/Model)	Dimensions/Weight	Rate/Mile	Distance	Total
			Fuel Surcharge	

Subtotal: $ _____
Tax: $ _____
Balance Due: $ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: Equipment inspected at pickup and delivery. Bill of Lading attached.