PCS/MILITARY LOGISTICS

AUTO TRANSPORT INVOICE

Invoice #: _____
Date: _____

Carrier Name: _____
DOT #: _____ / MC #: _____
Phone: _____

SERVICE MEMBER INFORMATION

Name/Rank: _____
Branch: _____
Phone: _____
Email: _____

VEHICLE DETAILS

Year/Make/Model: _____
VIN: _____
Plate/State: _____
Operable: [ ] Yes [ ] No

ORIGIN (PICK-UP)

Installation: _____
Address: _____
City/ST/Zip: _____

DESTINATION (DELIVERY)

Installation: _____
Address: _____
City/ST/Zip: _____

Description of Charges	Amount
Base Transport Fee (PCS Discount Applied)	$ _____
Fuel Surcharge	$ _____
Priority/Enclosed Shipping Surcharge (if applicable)	$ _____
In-Transit Storage Fees	$ _____

Subtotal: $ _____
Taxes/Fees: $ _____

Total Due: $ _____

Notes/POV Inspection Reference: _____

** This document serves as a receipt for POV (Privately Owned Vehicle) relocation. Please retain for travel voucher/reimbursement claims via GBL or Finance Office.*

_____
Carrier Representative

_____
Service Member Signature