INVOICE

Carrier Name: _____

MC# / DOT#: _____

Date: _____

Invoice #: _____

Load ID: _____

ORIGIN / SHIPPER

Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____

DESTINATION / CONSIGNEE

Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Year / Make / Model	VIN Number	Type / Color	Condition	Amount

Subtotal: $_____
Fuel Surcharge: $_____
Other Fees: $_____

TOTAL DUE: $_____

NOTES & TERMS

_____

Driver Signature

Customer Signature (Received)