INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
MC/DOT #: [Number]

Invoice #: _____
Date: _____
PO/Load #: _____

BILL TO

[Customer Name]
[Address]
[Phone/Email]

TRANSPORT DETAILS

Origin: [City, State]
Destination: [City, State]
Equipment: [RGN/Step-Deck/Flatbed]

VEHICLE INFORMATION

Year/Make/Model	VIN / Unit Number	Condition

DIMENSIONS & SPECIFICATIONS

Length:
Width:
Height:
Weight:
Escort Req: [ ] Yes [ ] No
Permits Req: [ ] Yes [ ] No
Survey Req: [ ] Yes [ ] No
Police Escort: [ ] Yes [ ] No

LINE ITEMS

Description	Rate	Amount
Base Hauling Rate (Oversized)		
Permit Fees (State/Local)		
Pilot/Escort Vehicle Services		
Fuel Surcharge		
Tarping/Rigging Services		

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

Terms: Payment due within [X] days. Please make checks payable to [Company Name].

Notes: All oversized loads are subject to weather delays and daylight restricted transit hours per state regulations.