

AIR FREIGHT INVOICE

[Logistics Company Name]
[Address Line 1]
[Address Line 2]

INVOICE #: _____
DATE: _____
DUE DATE: _____

SHIPPER / EXPORTER

CONSIGNEE / BILL TO

MAWB NO: _____	HAWB NO: _____	FLIGHT NO: _____
ORIGIN (POL): _____	DESTINATION (POD): _____	INCOTERMS: _____
TOTAL PIECES: _____	GROSS WEIGHT (KG): _____	CHARGEABLE WEIGHT: _____

Description of Charges	Rate	Units	Total
Air Freight Charges			
Fuel Surcharge			

Description of Charges	Rate	Units	Total
Security Surcharge			
Handling / Documentation			
Customs Clearance			

SUBTOTAL: _____

TAX / VAT: _____

**TOTAL
(USD):** _____

PAYMENT INSTRUCTIONS:

Bank Name: _____ | Account #: _____ | SWIFT/BIC: _____

NOTES: Items subject to standard carrier terms and conditions.