

INVOICE

[Invoice Number]

[Transport Company Name]

[Address Line 1]

[City, State, Zip]

License: [Food Grade Permit #]

BILL TO:

[Customer Name]

[Billing Address]

[Contact Phone]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

PO Number: [PO #]

LOAD INFORMATION:

Origin: [Pickup Location]

Destination: [Delivery Location]

Trailer ID: [Number]

CARGO DETAILS:

Commodity: [Product Type]

Temp. Set Point: [Degrees]

Seal Number: [ID Number]

DESCRIPTION OF SERVICES	QTY/WEIGHT	RATE	TOTAL
Primary Freight Charges	[0.00]	[\$0.00]	[\$0.00]
Fuel Surcharge	-	-	[\$0.00]
Washout / Sanitation Fee	-	-	[\$0.00]
Reefer / Temperature Monitoring	-	-	[\$0.00]

FOOD SAFETY & COMPLIANCE CERTIFICATION:

Carrier certifies that this transport was conducted in accordance with FSMA Sanitary Transportation rules. Trailer was inspected for cleanliness, odor-free status, and temperature integrity prior to loading. Seal remained intact from origin to destination unless otherwise noted.

Subtotal: \$[0.00]

Tax: \$[0.00]

Grand Total: \$[0.00]

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