

FROZEN LOGISTICS INVOICE

Carrier License: [Number]

Reefer Unit ID: [ID]

Invoice #: [0000]

Date: [MM/DD/YYYY]

PO #: [0000]

SHIPPER (BAKERY)

[Company Name]

[Street Address]

[City, State, Zip]

[Phone]

CONSIGNEE (DELIVERY TO)

[Customer Name]

[Street Address]

[City, State, Zip]

[Phone]

TRANSPORT DETAILS

Item Description	Pallets/Qty	Weight	Temp Set Point	Rate	Amount
[Frozen Dough/Product]	[0]	[0.00 lbs]	0F / -18C	[\$[0.00]]	[\$[0.00]]
[Frozen Finished Goods]	[0]	[0.00 lbs]	0F / -18C	[\$[0.00]]	[\$[0.00]]

TEMPERATURE LOG SUMMARY

Departure Temp: _____

Arrival Temp: _____

Seal Number: _____

Subtotal: \$0.00

Fuel Surcharge: \$0.00
Reefer Service Fee: \$0.00

Total Due: \$0.00

Terms: Payment due within [30] days. All frozen goods transported under strict temperature control. Any discrepancies must be noted on the Bill of Lading at time of delivery.