

INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
BOL #: _____

SHIPPER / ORIGIN

CONSIGNEE / DESTINATION

TEMPERATURE CONTROL SPECIFICATIONS

Required Temp: _____ Mode: Continuous Cycle Pre-cool Req: Yes No

Description of Goods	Qty/Pallets	Weight	Rate	Amount
Surcharges:	Reefer Fuel / Detention			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

HANDLING INSTRUCTIONS & NOTES

Terms: Net [] Days. Perishable items must be inspected upon delivery.