

# REEFER HAULING INVOICE

Carrier Name  
Address Line 1  
Phone: (555) 000-0000

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
MC/DOT: \_\_\_\_\_

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## BILL TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## LOAD DETAILS

Load ID: \_\_\_\_\_  
Origin: \_\_\_\_\_  
Destination: \_\_\_\_\_

Set Point Temp: \_\_\_\_\_  
Reefer Mode: ( ) Continuous ( ) Cycle  
Pallet Count: \_\_\_\_\_  
Commodity: \_\_\_\_\_  
Seal Number: \_\_\_\_\_  
Weight (lbs): \_\_\_\_\_

Description	Quantity/Miles	Rate	Amount
Line Haul / Freight Charge			\$
Fuel Surcharge			\$

Description	Quantity/Miles	Rate	Amount
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Reefer Unit Fee

\$

Detention / Accessorials

\$

Subtotal: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

**Terms:** Payment due within \_\_\_ days. Please include Load ID on check.

**Notes:** Temp logs available upon request. Pulled at set point of \_\_\_\_\_.