

INVOICE

[Company Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____
PRO Number: _____
PO Number: _____

SHIPPER / ORIGIN

[Name]
[Address]
[City, State, Zip]
Pickup Date: _____

CONSIGNEE / DESTINATION

[Name]
[Address]
[City, State, Zip]
Delivery Date: _____

REFRIGERATION REQUIREMENTS

Set Point: _____ F / C
Mode: â–; Continuous â–; Cycle/Sentry
BILL TO

[Client Name]
[Billing Address]

Qty / Pallets	Description of Goods (LTL)	Weight	Class	Rate	Amount
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ACCESSORIAL CHARGES

â–; Fuel Surcharge
â–; Reefer Unit Run Time
â–; Detention Hours: _____
â–; Liftgate / Pallet Jack

Freight Subtotal: \$ _____

Accessorials: \$ _____

Fuel Surcharge: \$ _____

Total Due: \$ _____

Notes: All temperature-controlled freight is handled according to FSMA regulations. Driver confirms pulp temperature at loading:
_____ F.