

# SEAFOOD LOGISTICS

123 Ocean Way, Port Harbor  
Cold Storage Facility #4  
contact@seafoodtransport.com

**INVOICE**

**No:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

---

**Shipper / Vendor:**

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

**Consignee / Delivery To:**

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

**Vehicle ID:** \_\_\_\_\_  
**Temp Set Point:** \_\_\_\_ C/F  
**Arrival Temp:** \_\_\_\_ C/F

**Bill of Lading:** \_\_\_\_\_  
**Container #:** \_\_\_\_\_  
**Seal #:** \_\_\_\_\_

Item Description (Species/Grade)	Packaging	Weight (kg/lb)	Rate	Total
----------------------------------	-----------	----------------	------	-------

Item Description (Species/Grade)	Packaging	Weight (kg/lb)	Rate	Total
----------------------------------	-----------	----------------	------	-------

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

Fuel Surcharge: \$ \_\_\_\_\_

Reefer Fee: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

**Special Handling Instructions:**

Driver Signature: \_\_\_\_\_

Receiver Signature: \_\_\_\_\_

HACCP Compliant Cold Chain Certification Required Upon Receipt.