INVOICE

Dry Van Intermodal Services

Invoice #: ___________

Date: ___________

CARRIER / REMIT TO:

____
____
____

BILL TO:

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____

Container/Van #: ___________
Size/Type: 53' Dry Van
Booking #: ___________
Origin Ramp: ___________
Destination Ramp: ___________
Seal #: ___________

Description of Charges	Rate/Price	Total
Linehaul (Intermodal Door-to-Door)	$	$

Description of Charges	Rate/Price	Total
Fuel Surcharge (FSC)	$	$
Origin Drayage	$	$
Destination Drayage	$	$
Accessorials (Detention/Chassis/Scale)	$	$

Subtotal: $__________
TOTAL DUE: $__________

NOTES / PAYMENT INSTRUCTIONS:

Net 30 terms apply. Please include invoice number with payment. Standard liability for dry van commodities applies per BOL terms.