INVOICE

Intermodal Freight Services

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

_____
_____
_____
Tax ID: _____

CARRIER / REMIT TO:

_____
_____
_____
DOT #: _____

CONTAINER #
_____
VESSEL / VOYAGE
_____
B/L NUMBER
_____
ORIGIN RAMP
_____
DESTINATION RAMP
_____
EQUIPMENT SIZE
_____

DESCRIPTION OF CHARGES	QUANTITY	RATE	AMOUNT
Line Haul Rate (Rail/Truck)			
Fuel Surcharge (FSC)			
Drayage Services (Origin/Dest)			
Chassis Usage Fee			
Detention / Demurrage			
Accessorial Charges: _____			

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

Terms: Net ____ days. Please make checks payable to the carrier listed above.

Subject to standard terms and conditions of carriage. Goods received in apparent good order except as noted.