LOGISTICS INVOICE

[Logistics Company Name]
[Address Line 1]
[City, Country, Zip]
Email: [Email Address]

Invoice #: [000000]
Date: [YYYY-MM-DD]
Due Date: [YYYY-MM-DD]

CONSIGNEE / BILL TO

[Customer Name]
[Company Name]
[Address Line 1]
[Tax ID/VAT]

SHIPPER / NOTIFY PARTY

[Shipper Name]
[Address Line 1]
[City, Country]

SHIPMENT INFORMATION

Ocean Vessel/Voyage:
[Vessel Name / Voyage #]
Container Number:
[Prefix 123456-7]
Container Type:
[20GP / 40HC / 45RF]
Port of Loading:
[Origin Port Name]
Port of Discharge:
[Destination Port Name]
Bill of Lading #:
[HBL/MBL Number]
Gross Weight:
[0.00 KGS]
Volume:
[0.00 CBM]
ETD/ETA:
[Date] / [Date]

Charge Description	Basis	Rate	Currency	Amount
Ocean Freight	per CTR	[0.00]	USD	[0.00]
Bunker Adjustment Factor (BAF)	per CTR	[0.00]	USD	[0.00]
Terminal Handling Charges (THC)	Lumpsum	[0.00]	USD	[0.00]
Documentation Fee	per BL	[0.00]	USD	[0.00]
Customs Clearance	per Entry	[0.00]	USD	[0.00]

Subtotal: $0.00
Tax/VAT: $0.00
Total Amount: $0.00 USD

Payment Instructions:
Bank: [Bank Name] | SWIFT: [CODE] | Account: [Number]
Please include Invoice Number as reference. All business is transacted under [Standard Trading Conditions].