INVOICE

Transport & Logistics Services

Invoice #: _____

Date: _____

Service Provider:

_____
_____
Phone: _____

Bill To:

_____
_____
Tax ID: _____

Shipment Details

Container #: _____
Size/Type: _____
BL/Booking #: _____
Port of Entry: _____
Delivery Address: _____
Vessel/Voyage: _____

Description of Charges	Rate	Qty	Total
Ocean Port Drayage (Port to Door)			

Description of Charges	Rate	Qty	Total
Fuel Surcharge			
Chassis Rental (____ Days)			
Port Congestion / Waiting Time			
Tolls / Permits			

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes / Terms:

Payment due within ____ days. Please include invoice number with payment.

Standard liability limits apply unless otherwise stated in the transport agreement.