LOGISTICS INVOICE

[Company Name]

[Address Line 1]

INVOICE NUMBER
#INV-0000

DATE
[DD/MM/YYYY]

BILL TO
[Client Name]

[Client Address]

[Tax ID / VAT]

CONSIGNEE / DELIVERY POINT
[Recipient Name]

[Destination Address]

[Contact Number]

CONTAINER NO.
[XXXX 000000-0]

CONTAINER TYPE
[20GP / 40HC / Reefer]

SEAL NUMBER
[SL000000]

B/L OR HBL NO.
[BOL-000000]

VESSEL / VOYAGE
[Vessel Name / V.001]

PORT OF LOADING
[Origin Port]

Description of Charges	Qty/Weight	Rate	Total
Ocean / Inland Freight	1	0.00	0.00
Terminal Handling Charges (THC)	1	0.00	0.00
Customs Clearance & Documentation	1	0.00	0.00
Drayage / Last Mile Delivery	1	0.00	0.00
Demurrage / Detention (if applicable)	-	0.00	0.00

Subtotal: $0.00
Tax/VAT: $0.00
Grand Total: $0.00

Payment Terms: Net 30 Days. Please include invoice number with your remittance.

Bank Details: [Bank Name] | **SWIFT:** [CODE] | **Account:** [00000000]