INTERMODAL TRANSPORT INVOICE

Terminal Operator Name
Address Line 1
City, State, Zip
Tax ID: _____

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

SHIPMENT DETAILS:

Vessel/Voyage: _____
Container #: _____
Bill of Lading: _____
Mode: Rail / Road / Sea

SERVICE DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Terminal Handling Charge (THC)			
Storage / Demurrage (___ Days)			
Gate In / Gate Out Fee			
Lift On / Lift Off			

SERVICE DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Documentation & Admin			
Other:			

Subtotal: $0.00
Tax / VAT: $0.00

TOTAL DUE: $0.00

Payment Terms & Instructions:

Please make checks payable to: [Company Name]
Bank Name: _____ | SWIFT/BIC: _____ | Account: _____
Late payments are subject to a fee of ___% per month.