INVOICE

Flatbed Logistics Solutions

Invoice #: [0000]

Date: [MM/DD/YYYY]

Load ID: [LOAD-ID]

SHIPPER / ORIGIN

[Company Name]
[Street Address]
[City, State, Zip]
Contact: [Name/Phone]

CONSIGNEE / DESTINATION

[Company Name]
[Street Address]
[City, State, Zip]
Contact: [Name/Phone]

CARRIER INFORMATION

MC/DOT #: [000000]
Driver: [Name]
Truck/Trailer: [Number]

SHIPPING DETAILS

Pickup Date: [Date]
Delivery Date: [Date]
Equipment: [Flatbed/Step-Deck/RGN]

Description of Services & Cargo	Weight	Rate/Unit	Total
Line Haul - [Route Details]	[Lbs/Kgs]	[0.00]	[0.00]
Fuel Surcharge	-	[0.00]	[0.00]
Accessorials: [Tarping/Over-dimension/Detention]	-	[0.00]	[0.00]

Subtotal: $0.00
Tax: $0.00
Balance Due: $0.00

Payment Terms: [Net 30/Due on Receipt]

Please make checks payable to: [Company Name]. Include Invoice Number on check.

Notes: Goods received in good order unless otherwise noted on Bill of Lading.