INVOICE

Carrier Name

MC# / DOT#

Invoice #: _____

Date: _____

Load #: _____

BILL TO

EQUIPMENT & SHIPMENT

Truck / Trailer #:

Trailer Type: (Flatbed/Stepdeck)

Tarping Required: (Yes/No)

PICKUP (ORIGIN)

Shipper:

Address:

Date:

DELIVERY (DESTINATION)

Receiver:

Address:

Date:

Description of Charges	Quantity/Miles	Rate	Amount
Linehaul Freight			$
Fuel Surcharge			$

Description of Charges	Quantity/Miles	Rate	Amount
Tarping Fee			$
Accessorials (Detention/Layover)			$

Subtotal: $_____
Total Due: $_____

NOTES & PAYMENT INSTRUCTIONS

Terms: Net 30. Please make checks payable to Carrier Name. Remit to address above.