INVOICE

MC# / DOT# : _____

Date: _____
Invoice #: _____
Load #: _____

CARRIER (REMIT TO)

_____
_____
_____
Phone: _____

BILL TO (BROKER/CUSTOMER)

_____
_____
_____
Email: _____

Origin: _____
Destination:
Equipment: Flatbed / Step Deck / Conestoga
Commodity: _____ **Weight:** _____ lbs

Description	Quantity/Miles	Rate	Amount
Linehaul Charge			
Fuel Surcharge			
Tarping Fees			
Detention / Accessorials			
Stop-off Charges			

Subtotal: $_____
Total Due: $_____

Notes: Please include load number on all checks. Payment is due within ___ days.