INVOICE

Machinery Transport Services

Invoice #: _____

Date: _____

Carrier Information:

Name: _____

Address: _____

Phone: _____

DOT #: _____

Bill To:

Name: _____

Address: _____

Email: _____

Origin (Pickup):

_____

Pickup Date: _____

Destination (Drop-off):

_____

Delivery Date: _____

Description of Machinery / VIN / Serial	Weight	Rate	Total

Additional Fees:

Permits/Escorts: _____

Fuel Surcharge: _____

Other: _____

Subtotal: $_____
Tax: $_____

Total Due: $_____

Terms: Payment is due within ____ days. Late fees may apply.

Notes: _____