OVERSIZE LOAD INVOICE

Company Name
Address Line 1
Phone: (000) 000-0000

Invoice #: _____

Date: _____

Load ID: _____

Bill To:

_____
_____
_____

Route Information:

Origin: _____
Destination: _____
Total Miles: _____

Load Dimensions: Length: _____ Width: _____ Height: _____ Weight: _____
Escort Requirements: [ ] Lead [ ] Chase [ ] Police [ ] None

Description of Services	Rate	Qty/Units	Total
Line Haul (Oversize)			
Permit Fees (State/Municipal)			
Pilot Car / Escort Services			
Fuel Surcharge			
Equipment / Rigging Fees			

Description of Services	Rate	Qty/Units	Total
Miscellaneous:			

Subtotal: $_____
Tax/Fees: $_____
Total Balance Due: $_____

Terms: Payment due within ___ days. Late fees may apply to past due balances.

Driver Signature

Receiver Signature