[TRUCKING COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

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

PAYMENT TERMS

[e.g. Net 30]
MC #: [Number]
DOT #: [Number]

LOAD NUMBER
[Reference #]
ORIGIN
[City, ST]
DESTINATION
[City, ST]
SHIP DATE
[MM/DD/YYYY]
DELIVERY DATE
[MM/DD/YYYY]
EQUIPMENT
[e.g. 53' Reefer]

Description of Services	Quantity/Miles	Rate	Amount
Freight Charge (Line Haul)	[0.00]	$[0.00]	$[0.00]
Fuel Surcharge	[0.00]	$[0.00]	$[0.00]
Accessorials (Detention/Lumper)	-	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total: $[0.00]

Notes/Payment Instructions:
Please make checks payable to [Company Name]. Include invoice number on payment. Thank you for your business!