FLATBED HAULING INVOICE

Carrier: _____
DOT #: _____ / MC #: _____
Address: _____
Phone: _____

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

REMIT PAYMENT TO:

_____
_____
_____

LOAD DETAILS:

Origin: _____ **Destination:** _____

Pickup Date: _____ **Delivery Date:** _____

Equipment: _____ **Commodity:** _____

Description	Quantity/Miles	Rate	Amount
Line Haul / Flat Rate			$
Fuel Surcharge			$
Tarping Fee			$
Detention / Layover			$
Stop-Off Charges			$

Description	Quantity/Miles	Rate	Amount
Other (Permits/Escorts)			$

TOTAL DUE: $ _____

Notes/Terms: Payment is due within _____ days. Please include invoice number with payment.

Thank you for your business!