INVOICE

[Carrier Name]
[Street Address]
[City, State, Zip]
MC# / DOT#

Invoice #: _____
Date: _____
Load #: _____

BILL TO (BROKER/SHIPPER)

[Company Name]
[Address]
[Phone/Email]

EQUIPMENT DETAILS

Type: [Flatbed / Step-deck / RGN]
Tarping: [None / 4ft / 6ft / 8ft / Smoke]
Permits: [Oversize / Overweight / N/A]

ORIGIN (PICKUP)

[Location Name]
[Address]
Date: _____

DESTINATION (DELIVERY)

[Location Name]
[Address]
Date: _____

Description of Freight & Services	Qty/Miles	Rate	Amount
Line Haul / Freight Charges			

Description of Freight & Services	Qty/Miles	Rate	Amount
Fuel Surcharge (FSC)			
Tarping Fees			
Accessorials (Stop-off, Detention, Layover)			
Specialized Handling / Permits			

Subtotal: $_____
TOTAL DUE: $_____

Payment Terms: Net [30] Days. Please make checks payable to [Carrier Name].

Notes: [Insert specialized instructions, BOL references, or factoring info here]