INVOICE

Transport Services / Steel Logistics

Invoice #: _____

Date: _____

CONSIGNOR (ORIGIN)

_____
_____
_____

CONSIGNEE (DESTINATION)

_____
_____
_____

VEHICLE & LOADING INFO

Truck/Trailer ID: _____
Driver Name: _____
BOL/Ref #: _____

TRANSPORT SCHEDULE

Loading Date: _____
Delivery Date: _____

Steel Pipe Description (Grade/OD/WT)	Quantity / Joints	Weight (Lbs/MT)	Rate	Amount

Freight Charges: $ _____
Fuel Surcharge: $ _____
Accessorials (Tarp/Stop): $ _____
TOTAL DUE: $ _____

PAYMENT TERMS

Net ___ Days. Please make checks payable to:
_____

Receiver Signature / Date