INVOICE

Carrier Name: _____

MC/DOT #: _____

Date: _____

Invoice #: _____

Load #: _____

BILL TO:

_____
_____
_____

REMIT TO:

_____
_____
_____

ORIGIN:
Location: _____
Date: _____
DESTINATION:
Location: _____
Date: _____

Description	Quantity/Weight	Rate	Amount
Line Haul			$
Fuel Surcharge			$

Description	Quantity/Weight	Rate	Amount
Accessorials (Lumper/Detention)			$
Other: _____			$

Subtotal: $ _____
Tax/Fees: $ _____

TOTAL DUE: $ _____

Notes:

_____