FREIGHT INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____

Date: _____

BOL #: _____

SHIPPER (FROM)

_____
_____
_____

CONSIGNEE (TO)

_____
_____
_____

Carrier Info
Name: _____
Pro #: _____
Shipment Info
Mode: [ ] LTL [ ] FTL [ ] Air
Weight: _____ lbs/kg

DESCRIPTION OF GOODS / SERVICES	QTY	RATE	AMOUNT
Line Haul / Freight Charges	____	____	$ _____
Fuel Surcharge	____	____	$ _____

DESCRIPTION OF GOODS / SERVICES	QTY	RATE	AMOUNT
Accessorial Charges (Liftgate, Residential, etc.)	____	____	$ _____
Insurance / Other	____	____	$ _____
Subtotal	$ _____		
Tax	$ _____		
TOTAL DUE	**$ _____**		

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

Notes: _____