INVOICE

Carrier Name: _____

Address: _____

MC# / DOT#: _____

Invoice #: _____

Date: _____

Load ID: _____

Bill To:

_____
_____
_____

Remit Payment To:

_____
_____
_____

Origin (Shipper):

Name: _____
City/ST: _____
Date: _____

Destination (Consignee):

Name: _____
City/ST: _____
Date: _____

Description	Quantity/Miles	Rate	Amount
Line Haul (Full Truckload)			$
Fuel Surcharge			$
Accessorial: _____			$
Accessorial: _____			$

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

Equipment: 53' Van / Reefer / Flatbed / Other: _____

Notes: _____

Terms: Net 30 Days. Please include Load ID on all payments.