INVOICE

[Carrier Name]

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

INVOICE #: _____

DATE: _____

LOAD ID: _____

BILL TO

[Broker/Customer Name]
[Address]
[City, State, Zip]

REMIT TO

[Payee Name/Factoring Co]
[Address]
[City, State, Zip]

ORIGIN (PICKUP)

[Shipper Name]
[City, State]
Date: _____

DESTINATION (DELIVERY)

[Consignee Name]
[City, State]
Date: _____

Description	Quantity	Rate	Amount
Line Haul - Full Truckload	1	$	$
Fuel Surcharge		$	$
Accessorials (Detention/Tolls)		$	$

Subtotal: $_____

Total Due: $_____

NOTES / INSTRUCTIONS

Equipment: [Trailer #] / [Tractor #]
Reference: [BOL #] / [PO #]