INVOICE

Heavy Haul Trucking Co.

Invoice #: _____

Date: _____

BILL TO:

_____
_____
_____

LOAD DETAILS:

Origin: _____
Destination: _____
MC/DOT #: _____

EQUIPMENT USED:

_____

CARGO DESCRIPTION & WEIGHT:

_____

Description	Rate/Qty	Total
Line Haul / Flat Rate		$
Fuel Surcharge		$

Description	Rate/Qty	Total
Permit Fees (Oversize/Overweight)		$
Escort / Pilot Car Services		$
Detention / Tarping / Other		$

Subtotal: $ _____
Tax: $ _____
Balance Due: $ _____

NOTES & PAYMENT INSTRUCTIONS:

Terms: Net ___ Days. Please make checks payable to _____.