FREIGHT INVOICE

Carrier Name: _____
MC/DOT #: _____
Address: _____

Invoice #: _____
Date: _____
Load/PO #: _____

BILL TO

_____
_____
_____

REMIT PAYMENT TO

_____
_____
_____

ORIGIN (SHIPPER)

Name: _____
City/ST: _____
Pickup Date: _____

DESTINATION (CONSIGNEE)

Name: _____
City/ST: _____
Delivery Date: _____

Description / Freight Details	Quantity	Weight	Rate	Amount
Line Haul				

Description / Freight Details	Quantity	Weight	Rate	Amount
Fuel Surcharge				
Accessorials (Lumper, Detention, etc.)				
Subtotal				$_____
Tax/Other				$_____
TOTAL DUE				**$_____**

Terms: Payment is due within ____ days. Please include the Invoice Number with your remittance.

Certification: This is to certify that the above named articles are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to applicable regulations.