CARRIER INVOICE

[Carrier Name]
[Street Address]
[City, State, Zip]
Phone: [Phone Number]
MC# / DOT#: [Numbers]

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

BILL TO

[Broker or Shaper Name]
[Address Line 1]
[Address Line 2]

REMIT TO

[Factoring Company or Carrier Name]
[Address Line 1]
[Address Line 2]

Origin:
[City, State]
[Date/Time]
Destination:
[City, State]
[Date/Time]
Equipment:
[V / R / FB / SD]

Description	Quantity/Miles	Rate	Amount
Linehaul Revenue			$
Fuel Surcharge			$
Accessorials (Detention, Lumper, etc.)			$

Description	Quantity/Miles	Rate	Amount

Subtotal: $ _____

Total Due: $ _____

Notes: [Insert terms or payment instructions here]

Certification: I certify that this shipment was delivered in good order except as noted on the Bill of Lading.