REGIONAL FREIGHT CARRIER

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE #: _____

DATE: _____

DUE DATE: _____

BILL TO:

_____
_____
_____

ORIGIN:

_____
_____

DESTINATION:

_____
_____

BOL #: _____
PRO #: _____
PO #: _____
Carrier: _____
Vehicle ID: _____
Weight (lbs): _____

DESCRIPTION / FREIGHT CLASS	QUANTITY	RATE	TOTAL

DESCRIPTION / FREIGHT CLASS	QUANTITY	RATE	TOTAL

Subtotal: $ _____
Fuel Surcharge: $ _____
Accessorial Charges: $ _____
Total Due: $ _____

Terms: Net [X] Days. Please make checks payable to [Carrier Name].

Thank you for your business.