FREIGHT INVOICE

Invoice #: _____
Date: _____

[Carrier Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT]

BILL TO (THIRD PARTY)

[Company Name]
[Billing Address]
[City, State, Zip]
[Contact Phone]

SHIPMENT DETAILS

BOL #: _____
PRO #: _____
PO #: _____
Service Level: _____

ORIGIN (SHIPPER)

[Name/Facility]
[Address]
[City, State, Zip]

DESTINATION (CONSIGNEE)

[Name/Facility]
[Address]
[City, State, Zip]

Description of Goods	Weight	Qty/Plts	Rate	Amount
Line Haul Charges				
Fuel Surcharge				

Description of Goods	Weight	Qty/Plts	Rate	Amount
Accessorial: _____				
Accessorial: _____				

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Carrier Company Name].

Notes: _____