[TRANSPORT COMPANY NAME]

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

INVOICE

Invoice #: _____

Date: _____

BILL TO

[Client Name]
[Client Address]
[Client Contact]

SHIPMENT DETAILS

Waybill/BOL: _____

Vehicle ID: _____

Route: [Origin] to [Destination]

Description	Qty/Weight	Rate	Amount
Freight Charges			
Fuel Surcharge			
Loading/Unloading			

Description	Qty/Weight	Rate	Amount
Other: _____			

Subtotal: $0.00
Tax: $0.00

Total: $0.00

Terms: Payment is due within [X] days. Please make checks payable to [Company Name].

Notes: _____