

SHIPPING INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
P.O. #: _____

SHIPPER / FROM

[Name/Company]
[Address]
[Contact Info]

CONSIGNEE / SHIP TO

[Name/Company]
[Address]
[Contact Info]

LOGISTICS DETAILS

Carrier: _____
Mode: [Sea/Air/Road]
Tracking/BOL: _____

PAYMENT TERMS

Due Date: _____
Method: [Wire/Credit/Net 30]

Description of Goods / Marks & Nos.	Quantity	Weight (kg/lbs)	Unit Price	Total

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Freight Subtotal: \$ _____
 Handling/Fuel Surcharge: \$ _____
 Insurance/Taxes: \$ _____
 TOTAL DUE: \$ _____

Notes: All goods are transported according to standard terms and conditions. Claims for damages must be reported within [X] hours of receipt.

Authorized Signature: _____ Date: _____