

# LOGISTICS INVOICE

[Your Company Name]  
[Company Address]  
[Registration/VAT Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## CONSIGNOR / SHIPPER

[Name]  
[Address]  
[Phone/Email]

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## CONSIGNEE / BILL TO

[Name]  
[Address]  
[Phone/Email]

**Vessel/Flight No:** \_\_\_\_\_  
**Port of Loading:** \_\_\_\_\_  
**Port of Discharge:** \_\_\_\_\_  
**HBL/AWB Number:** \_\_\_\_\_  
**Container No:** \_\_\_\_\_  
**Incoterms:** \_\_\_\_\_

Description of Charges	Qty/Units	Rate	Total
Ocean/Air Freight Charges			
Fuel Surcharge (BAF/FSC)			

Description of Charges	Qty/Units	Rate	Total
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Terminal Handling Charges (THC)

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Customs Clearance & Documentation

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Inland Haulage / Trucking

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**Subtotal: \$ 0.00**

**Tax/VAT: \$ 0.00**

**Total Amount: \$ 0.00**

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**PAYMENT INSTRUCTIONS**

Bank Name: [Bank Name] | Account Name: [Name] | SWIFT/BIC: [Code] | IBAN: [Number]

Terms: Goods handled under standard logistics trading conditions. Late payments may incur interest.