

INVOICE

Last Mile Wholesale Logistics

Invoice #: [00000]

Date: [YYYY-MM-DD]

Route ID: [Route Name/Number]

SHIPPER / FROM

[Logistics Center Name]

[Street Address]

[City, State, Zip]

[Phone Number]

BILL TO / CONSIGNEE

[Retailer Name]

[Store/Location Address]

[City, State, Zip]

[Tax ID/VAT Number]

SKU / Item ID	Description	Quantity	Unit Price	Total
[Item SKU]	[Product Name/Description]	[0]	\$0.00	\$0.00
[Item SKU]	[Product Name/Description]	[0]	\$0.00	\$0.00
LOG-FEE	Handling & Last Mile Delivery Fee	1	\$0.00	\$0.00

Subtotal: \$0.00

Fuel Surcharge: \$0.00

Tax: \$0.00

Amount Due (USD): \$0.00

Payment Terms: [Net 30 / Due on Receipt]

Notes: Goods received in good condition. Signature required for delivery verification.

Authorized Receiver Signature