

# LOGISTICS INVOICE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Tracking #: \_\_\_\_\_

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## SENDER / PICKUP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## CONSIGNEE / DELIVERY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Goods / Services	Qty	Weight	Rate	Amount
Freight Charges (Door to Door)	_____	_____	_____	_____
Fuel Surcharge	-	-	-	_____
Handling / Documentation	-	-	-	_____

Description of Goods / Services	Qty	Weight	Rate	Amount
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Insurance	-	-	-	_____
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Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

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TOTAL: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

**Notes:** All goods are handled under standard logistics terms and conditions.

Thank you for your business!