

LOGISTICS INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Reference]

BILL TO:

[Client Name]
[Client Address]
[Contact Person]
[Phone Number]

SHIPMENT OVERVIEW:

Origin: [City, Country]
Destination: [City, Country]
Mode: [Air / Sea / Road / Rail]

CONSIGNMENT DETAILS

AWB/BL #: [Number] **Weight:** [0.00 kg/lb] **Dimensions:** [LxWxH] **Pieces:** [Qty]

Service Description	Quantity	Unit Price	Total
Freight Charges	[Qty]	[0.00]	[0.00]
Fuel Surcharge	[Qty]	[0.00]	[0.00]
Customs Clearance	[Qty]	[0.00]	[0.00]

Service Description	Quantity	Unit Price	Total
Warehousing / Handling	[Qty]	[0.00]	[0.00]

Subtotal: [0.00]
Tax / VAT: [0.00]
Amount Due: [0.00]

Payment Terms: Net [30] Days. Please include invoice number with payment.

Thank you for choosing [Company Name] for your integrated logistics needs.