

# OCEAN FREIGHT INVOICE

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

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

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## SHIPPER / EXPORTER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSIGNEE / BILL TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VESSEL / VOYAGE

PORT OF LOADING

PORT OF DISCHARGE

BILL OF LADING #

CONTAINER #

INCOTERMS

Description of Charges	Quantity	Rate	Currency	Total
Ocean Freight Main Leg				

Description of Charges	Quantity	Rate	Currency	Total
Bunker Adjustment Factor (BAF)				
Terminal Handling Charges (THC)				
Documentation Fee				
Port Security Fee				

Subtotal: \$ \_\_\_\_\_

Tax / VAT: \$ \_\_\_\_\_

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**Grand Total: \$ \_\_\_\_\_**

**NOTES & PAYMENT INSTRUCTIONS**

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Swift/IBAN: \_\_\_\_\_

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

Please include Invoice Number as payment reference.