

LOGISTICS CO.

123 Freight Way, Transport City
contact@logistics-example.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

SHIPMENT DETAILS:

BOL #: _____
PO #: _____
Carrier: _____

ORIGIN

DESTINATION

VEHICLE ID

Description of Goods	Weight	Qty/Pallets	Rate	Amount
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Description of Goods

Weight

Qty/Pallets

Rate

Amount

Fuel Surcharge

-

-

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Terms: Payment is due within 30 days. Thank you for your business.

Driver Signature: _____ **Receiver Signature:** _____