INVOICE

Logistics & Fulfillment Services

Invoice #: [00000]

Date: [Date]

Service Provider:

[Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Client / Bill To:

[Client Name]
[Address Line 1]
[City, State, Zip]
[Account ID]

Order Ref: [Order ID]
Carrier: [Method]
Tracking: [Number]
Origin: [Warehouse]
Destination: [Zone/Region]
Weight: [Total Lbs/Kg]

Description of Service/SKU	Qty/Hrs	Unit Rate	Amount
Fulfillment Picking & Packing	[Qty]	$[0.00]	$[0.00]
Freight / Shipping Charges	[Qty]	$[0.00]	$[0.00]
Warehousing Storage (Pallet/SqFt)	[Qty]	$[0.00]	$[0.00]

Description of Service/SKU	Qty/Hrs	Unit Rate	Amount
Value Added Services (Kitting/Labeling)	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Fuel Surcharge: $[0.00]
Tax: $[0.00]

Total Due: $[0.00]

Payment Terms: [Net 30]

Please include invoice number with your remittance. All logistics services are subject to standard terms and conditions. Late payments may incur a [0]% monthly fee.