OCEAN FREIGHT INVOICE

[Supplier Name]
[Street Address]
[City, Country]
VAT/Tax ID: [ID Number]

Invoice #: [000000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

BILL TO

[Customer Name]
[Address Line 1]
[Address Line 2]
[Contact Email/Phone]

CONSIGNEE

[Name/Company]
[Destination Address]
[City, Country]

SHIPMENT INFORMATION

Vessel/Voyage: [Name/No]
B/L Number: [Number]
Container No: [Number]
Port of Loading: [Port Name]
Port of Discharge: [Port Name]
ETD/ETA: [Date]
Weight/Volume: [KG / CBM]
Incoterms: [e.g. CIF, FOB]
Description: [Goods]

Description of Charges	Rate	Qty/Unit	Amount
Ocean Freight Main Leg	[0.00]	[0]	[0.00]

Description of Charges	Rate	Qty/Unit	Amount
Bunker Adjustment Factor (BAF)	[0.00]	[0]	[0.00]
Terminal Handling Charges (THC)	[0.00]	[0]	[0.00]
Documentation & Bill of Lading Fee	[0.00]	[0]	[0.00]
Customs Clearance Handling	[0.00]	[0]	[0.00]

Subtotal: [Currency] 0.00
Tax/VAT ([0]%): [Currency] 0.00
Total Amount: [Currency] 0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name] | SWIFT/BIC: [Code] | IBAN: [Number]
Please include Invoice Number as payment reference.