INVOICE

3PL PROVIDER NAME
123 Logistics Way
Warehouse Dist, ST 12345

Invoice #: _____
Date: _____
Order ID: _____

Client Billing:

_____
_____
_____

Shipment Destination:

_____
_____
_____

Service Description	Qty/Units	Rate	Amount
Order Picking & Packing			
Packaging Materials (Box/Tape)			
Shipping Carrier Charges			
Storage Fees (Pallet/Shelf)			
Value Added Services (Labeling/Kitting)			

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes: All fulfillment fees are subject to the terms and conditions outlined in the Service Level Agreement (SLA). Please make checks payable to 3PL Provider Name.