

INVOICE

Invoice No: _____

Date: _____

Due Date: _____

BILL TO

SHIP TO / DELIVERY SITE

BILL OF LADING / WAYBILL

SHIP DATE

CARRIER / DRIVER

VEHICLE / TRAILER NO.

ORIGIN

DESTINATION

LOADING WEIGHT (LBS/KG)

STATUS / TERMS

ITEM / CODE	DESCRIPTION OF SERVICES / CARGO	QTY / WEIGHT	RATE / PRICE	AMOUNT
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ITEM / CODE

DESCRIPTION OF SERVICES / CARGO

QTY /
WEIGHT

RATE / PRICE

AMOUNT

Subtotal:

Fuel Surcharge:

Tax / VAT:

Total Due:

PAYMENT TERMS & CONDITIONS

Please make check payable to company name on top left. Payments are due within terms stated above.

AUTHORIZED SIGNATURE

RECEIVED IN GOOD CONDITION BY