



INVOICE

Invoice No:

Date:

Due Date:

P.O. Number:

BILL TO

SHIP TO / JOB SITE

CARRIER / FLEET ID
BILL OF LADING (BOL)
DRIVER NAME
DATE OF SHIPMENT

ITEM / CODE	DESCRIPTION OF SERVICES / ROUTE	QTY/HRS	RATE/PRICE	TOTAL
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PAYMENT TERMS & INSTRUCTIONS

Payment terms and instructions area.

Subtotal

Fuel Surcharge

Tax / VAT

Total Due

Thank you for your business!