INVOICE

MC #:
DOT #:

Invoice Date	
Invoice #	
Load / Ref #	
Payment Terms	
Due Date	

BILL TO	REMIT PAYMENT TO

ORIGIN (PICK UP)	DESTINATION (DELIVERY)
Shipper: **Address:** **Date:**	**Consignee:** **Address:** **Date:**
BOL #:	**PO #:**
Trailer #:	**Tractor #:**

DESCRIPTION OF CHARGES	RATE	QTY / MILES	AMOUNT
Linehaul Freight Charge			
Fuel Surcharge			
Accessorial:			
Accessorial:			

Subtotal	
Tax / Other	
Total Due	

Terms & Conditions

Thank you for your business!