



# DELIVERY INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Route ID: \_\_\_\_\_

## BILL TO

Customer  
Name:

Account No:

Address:

City/State/Zip:

Phone/Email:

## DELIVERY DETAILS

Recipient  
Name:

Destination  
Address:

City/State/Zip:

Contact Phone:

Delivery Date:

Tracking / Waybill #

Vehicle/Driver ID

Total Weight (lbs/kg)

Service Level (e.g. Same-Day)

ITEM NO.	SERVICE DESCRIPTION	QTY / DISTANCE	UNIT RATE	AMOUNT
1				
2				
3				
4				
5				

**Special Instructions / Delivery Notes:**

**Subtotal:** \_\_\_\_\_

**Fuel Surcharge:** \_\_\_\_\_

**Tax:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

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\_\_\_\_\_  
DISPATCHER / AUTHORIZED SIGNATURE

\_\_\_\_\_  
RECEIVED IN GOOD CONDITION BY

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Thank you for your business. For any inquiries regarding this invoice, please contact our logistics support team.