COMMERCIAL LOGISTICS

Fleet Transport Billing Sheet

Address: _____

Phone: _____

Email: _____

BILL TO:

Client Name: _____

Account No: _____

Address: _____

Contact: _____

Billing Sheet #		**Billing Date**		**Payment Terms**	
Purchase Order #		**Dispatch ID**		**Due Date**	

FLEET & ROUTE INFORMATION

Vehicle ID / Type		**Driver Name**		**Origin**	
Trailer No		**License Plate No**		**Destination**	
Departure Date		**Arrival Date**		**Total Distance (mi/km)**	

LINE ITEM CHARGES

ITEM	FREIGHT CLASS / TYPE	DESCRIPTION OF SERVICES / CARGO	QTY / WEIGHT	UNIT RATE	TOTAL AMOUNT
1		Line Haul Charges			
2		Fuel Surcharge			
3		Tolls & Transit Fees			
4		Loading / Unloading (Drayage)			
5		Storage / Detention Fees			
6		Ancillary Services / Tariffs			

Subtotal	
Tax / VAT	
Adjustments	
Total Due	

_____

PREPARED BY (AUTHORIZED LOGISTICS REPRESENTATIVE)

Date: ____ / ____ / _____

_____

RECEIVED & APPROVED BY (CLIENT REPRESENTATIVE)

Date: ____ / ____ / _____

Thank you for your business. For any billing inquiries, please contact our dispatch administration office.