

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

Customer Ref: _____
Bill of Lading: _____
PO Number: _____

Carrier: _____
Trailer/Container: _____
Terms: _____

BILL TO

SHIP TO / DESTINATION

| ACTIVITY CODE | DESCRIPTION OF LOGISTICS SERVICES | QTY | UNIT RATE | AMOUNT |
|---------------|-----------------------------------|-----|-----------|--------|
|---------------|-----------------------------------|-----|-----------|--------|

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Subtotal

Tax / VAT

Total Due

PAYMENT INSTRUCTIONS & SERVICE NOTES

Thank you for your business.