INVOICE

Owner-operator trucking invoice

Invoice no. _____

Invoice date _____

Due date _____

FROM

Business name

Address

Phone / email

BILL TO

Client name

Address

Contact / email

LOAD NUMBER

RATE CONFIRMATION NUMBER

ORIGIN

DESTINATION

PICKUP DATE

DELIVERY DATE

DESCRIPTION	QTY	UNIT	RATE	AMOUNT

Subtotal _____

Tax (enter amount) _____

Total due _____

NOTES

PAYMENT TERMS