INVOICE

Trucking / freight 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 (CITY, STATE)

DESTINATION (CITY, STATE)

PICKUP DATE

DELIVERY DATE

TRAILER / EQUIPMENT

BOL NUMBER

DESCRIPTION (LINEHAUL, FUEL SURCHARGE, DETENTION, LUMPER)	QTY	UNIT	RATE	AMOUNT

Subtotal _____

Tax (enter amount) _____

Total due _____

ACCESSORIAL NOTES

PAYMENT TERMS