

Cargo Transportation Invoice

Invoice Number:

Invoice Date:

Transport Company

Address:

Bill To

Name / Company:

Address:

Contact:

Cargo & Transportation Details

Origin:

Destination:

Transport Date:

Vehicle / Container No.:

Cargo Items

Description	Quantity	Weight	Rate	Amount

Subtotal:

Taxes / Fees:

Total Amount Due:

Authorized Signature

Receiver's Signature

Date