

[Company Name]

[Company Address Line 1]

[Company Address Line 2]

[City, State ZIP]

[Contact No. / Email]

LOGISTICS BILLING INVOICE

Invoice No.: _____

Date: ____ / ____ / ____

Due Date: ____ / ____ / ____

Reference #: _____

Customer ID: _____

Bill From:

[Sender/Your Company]

[Address Line 1]

[Address Line 2]

[City, State ZIP]

Bill To:

[Client Name]

[Client Address Line 1]

[Client Address Line 2]

[City, State ZIP]

Sr.No	Description	Origin	Destination	Qty/Weight	Rate	Amount

Subtotal: _____

Tax/Other Charges: _____

Total: _____

Notes / Terms & Conditions:

[Write terms, conditions or additional notes here]

Authorized Signature

Received By

Date

