

Shipping Invoice

Freight Company: _____

Address: _____

Phone: _____

Email: _____

Invoice #: _____

Date: _____

Reference: _____

Due Date: _____

Shipper Details

Name: _____

Address: _____

City/State/ZIP: _____

Contact: _____

Consignee Details

Name: _____

Address: _____

City/State/ZIP: _____

Contact: _____

Shipment Details

Origin: _____

Destination: _____

Mode of Transport: _____

Carrier: _____

Carrier Ref: _____

Description of Goods

Item #	Description	Pcs	Weight	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Subtotal: _____

Tax / VAT: _____

Total: _____

Notes / Instructions

Thank you for your business.