

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.