

# Freight Transportation Service Invoice

Invoice #:

Date:

Your Company Name

1234 Main Street  
City, State ZIP  
Phone: (123) 456-7890

Bill To:

Description	Quantity	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:	<input type="text"/>
Tax:	<input type="text"/>
Total:	<input type="text"/>

Payment Terms:

Notes: