

# Express Delivery Charge Invoice

**Invoice No.:**

**Date:**

**Customer Name:**

**Address:**

Description	Quantity	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

**Remarks:**

**Authorized Signature:**