

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: