

## Vehicle Transportation Charges Invoice

<b>Invoice No.:</b> <b>Date:</b>	<b>Company Name</b> Address Line 1 Address Line 2 Phone:
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**Billed To:**

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Description	Vehicle Type	From	To	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Total Amount:</b>	<input type="text"/>
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**Remarks:**

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**Authorized Signature**

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