

# Haulage Invoice

**Company Name:** ABC Logistics Ltd.

**Address:** 123 Industrial Road, City, Country

**Phone:** (555) 123-4567

Invoice Number:		Date:	
Billed To:		Client Address:	

## Haulage Details

Description	Quantity	Rate	Amount
Subtotal:			
Tax (%):			
Total:			

**Notes:**

*Please make payment within 30 days of receipt. Thank you for your business!*