

Logistics Service Invoice

Company Name:

Address:

Contact:

Invoice Number:

Date:

Bill To:

Customer ID:

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 Amount			<input type="text"/>

Notes:

Thank you for your business!