

Intercity Transport Service Billing

Client Name:

Invoice Date:

Invoice No.:

Service Description	Origin	Destination	Distance (km)	Rate per km	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grand Total:

Additional Notes:

Thank you for choosing our intercity transport service.
For any queries, contact us at info@intercitytransport.com