

Freight Transport Invoice

Invoice Number:	<input type="text"/>	Date:	<input type="text"/>
Shipper:	<input type="text"/>		
Consignee:	<input type="text"/>		
Origin:	<input type="text"/>	Destination:	<input type="text"/>

Description of Goods	Weight (kg)	Quantity	Freight Charges
<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 Freight Charges:

Payment Terms:

Authorized Signature: _____