

Logistics Service Invoice

Invoice Number:

Date:

Client Name:

Client Address:

Contact Number:

Description of Service	Quantity	Unit Price	Amount
<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			<input type="text"/>

Notes / Remarks:

Authorized Signature: _____