FLATBEDDISPATCHERS

INVOICE

From (carrier)

Company name _____
Street address _____
City, State ZIP _____
MC # _____
USDOT # _____
Phone _____
Email _____

Bill to

Broker or shipper _____
Street address _____
City, State ZIP _____
Contact name _____
Email for invoices _____
Phone _____
Broker MC # (optional) _____

Invoice details

Invoice # _____
Invoice date _____
Terms (days) _____
Due date _____
Pickup (city, state) _____
Delivery (city, state) _____
Truck # / trailer type _____

Load and shipment

Load / order # _____
Rate con # _____
BOL # _____
PO # _____
Pickup date _____
Delivery date _____
Commodity and weight _____

Description	Qty	Unit	Rate ($)	Amount ($)
Linehaul		load		
Tarp pay		load		
Stop-off charge		stop		
Detention		hour		
Layover		day		
TONU (truck ordered, not used)		each		
Permits (pass-through, at cost)		each		
Escorts (pass-through, at cost)		each		
Lumper / other		each		

Subtotal	
Less advances / deductions	
TOTAL DUE	

Remit to

Pay to _____
Mailing address _____
Payment method / reference _____

Attached

- ☐ Signed BOL / proof of delivery
- ☐ Rate confirmation
- ☐ Receipts for pass-through charges

Please reference the invoice # and load # with payment. Thank you.