

Invoice

SERVICES  
BILLED TO:

REFERENCE NO

PLEASE REMIT TO AND MAKE CHECK PAYABLE TO:

FEDERAL I.D. NO.

DUNS.NO.

FMC LICENSE NO.

DIRECT ALL INQUIRIES

SHIPPER			CONSIGNEE			INVOICE NUMBER	
						INVOICE DATE	
						FILE NUMBER	
REFERENCE NO.			REFERENCE NO.				
CLIENT NUMBER		DATE OF ENTRY	ENTRY NUMBER	PORT OF ENTRY			
ARRIVAL DATE	DEPARTURE DATE	ORIGIN/DESTINATION			FOR INTERNAL USE ONLY		T.C
		/					
TRANSPORTATION			AWB/BL NUMBER		HBL		

REMARKS	DESCRIPTION	AMOUNT
COMMENTS :		
PLEASE REFER TO INVOICE NUMBER OR RETURN COPY WHEN REMITTING.		NET CASH UPON RECEIPT
		PLEASE PAY THIS AMOUNT