

# VOID RECEIPT



TSP NAME: \_\_\_\_\_  
SCAC: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Vessel Name:	_____	Date of Invoice:	_____
Voyage No.:	_____	Payment Terms:	_____
Bill of Lading No.:	_____	DeWitt TSA No.:	_____
Container No.:	_____	APL's D&D Tariff:	_____
Container Size:	_____	Load Port:	_____
Place of Receipt:	_____	Discharge Port:	_____
Member Name:	_____	Pieces:	_____
GBL No.:	_____	TTL CF:	_____

BASED ON UNIT	DESCRIPTION	RATE	LINE TOTAL
	Basic Ocean Freight Charge		
	Origin Terminal Handling Charge		
	Destination Terminal Handling Charge		
	Bunker Surcharge NOS		
	Advance Manifest Compliance Charge (AMS)		
	Inland (Rail) Charge		
	Container Inspection Fee & Survey Fee		

<b>TOTAL:</b>	
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REASON FOR VOID RECEIPT

THANK YOU FOR YOUR BUSINESS

PLEASE TAKE NOTICE THAT DEWITT CLAIMS A LIEN AGAINST ALL CONTAINERS OR GOODS IN ITS POSSESSION FOR NON-PAYMENT OF ANY CHARGES.

PLEASE TAKE FURTHER NOTICE THAT A 1½ % MONTHLY SURCHARGE WILL BE CHARGED ON ALL OVERDUE ACCOUNTS AND THAT IF SERVICES OF AN ATTORNEY ARE REQUIRED TO COLLECT ANY CHARGES HEREUNDER THE ABOVE-NAMED INVOICE AGREES TO PAY REASONABLE ATTORNEY'S FEES AND COST OF SUIT.