**PERFORMA INVOICE**

**Date of invoice:** **[Date]**

**Invoice no.:** **[#]**

**Date due: [Date]**

**Amount:** **[Amount]**

|  |  |
| --- | --- |
| **Company Name**123 Main StreetHamilton, Oh 44416(321) 456-7890**[Email Address]** | **Customer Name****[Name/Department]****[Company Name]**123 Main StreetHamilton, Oh 44416(321) 456-7890**[Email Address]** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of pieces** | **Total Gross Weight** | **Total Net Weight** | **Carrier** |
| **[Number]** | **[Weight]** | **[Weight]** | **[Name]** |

|  |  |
| --- | --- |
| **Description**  | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **TOTAL** |  |

Please make check payable to Your Company Name.

**THANK YOU**