**PERFORMA INVOICE**

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

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

**Date due: [Date]**

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

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