

INVOICE

[Company Name]

[Address Line 1]

[City, Country]

Invoice #: _____

Date: _____

SHIPPER / EXPORTER

[Name & Address]

CONSIGNEE (RECEIVER)

[Name & Address]

Vessel / Voyage	Port of Loading	Port of Discharge	Container No. / Seal No.

Marks & Nos.	Description of Goods	Quantity	Weight (KG)	Measurement (CBM)	Unit Price	Total

Subtotal: \$ _____
Freight Charges: \$ _____
Insurance: \$ _____

TOTAL (USD): \$ _____

Terms & Instructions:

[Payment Method / Bank Details / Incoterms]

Declaration: We hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature: _____