

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]  
[Phone] | [Email]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Project Ref: \_\_\_\_\_

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### BILL TO

[Client Name]  
[Client Address]  
[Tax ID / VAT]

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### CONSIGNEE / DESTINATION

[Receiver Name]  
[Delivery Address]  
[Contact Phone]

MAWB / HAWB \_\_\_\_\_  
Origin Airport \_\_\_\_\_  
Destination Airport \_\_\_\_\_  
Flight No./Date \_\_\_\_\_  
Gross Weight \_\_\_\_\_  
Chargeable Weight \_\_\_\_\_  
Volume (CBM) \_\_\_\_\_  
Incoterms \_\_\_\_\_

Description of Charges	Quantity	Rate/Unit	Total
Air Freight Charges (Project Cargo)			

Description of Charges	Quantity	Rate/Unit	Total
Fuel & Security Surcharge			
Heavy Lift / Oversize Handling			
Customs Clearance & Documentation			
Airport Handling & Storage			
Insurance Premium			

Subtotal: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

Total Amount: \_\_\_\_\_

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**PAYMENT INSTRUCTIONS**

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Bank Name: \_\_\_\_\_ | Account Name: \_\_\_\_\_ | SWIFT/BIC: \_\_\_\_\_ | IBAN: \_\_\_\_\_

Terms: Payment is due within [Number] days. All business is transacted subject to the Standard Trading Conditions of the Freight Forwarders Association.