

INVOICE

[Company Name]
[Address Line 1]
[Address Line 2]

Invoice #: _____

Date: _____

Project Ref: _____

BILL TO:

CONSIGNEE / DELIVERY SITE:

MODE

Sea / Air / Road / Rail

VESSEL / VOYAGE / FLIGHT

PORT OF LOADING

PORT OF DISCHARGE

HBL / HAWB #

CONTAINER / SEAL #

GROSS WEIGHT

VOLUME (CBM)

Description of Charges

Qty / Units

Rate

Amount

Ocean / Air Freight Charges

Pre-Carriage / Inland Haulage

Heavy Lift / OOG Surcharge

Customs Clearance & Documentation

Port Handling / Terminal Fees

On-Carriage to Site

Subtotal: _____

Tax / VAT: _____

TOTAL: _____

Payment Instructions:

Bank Name: _____ | SWIFT: _____ | IBAN: _____

Terms: Net ____ days. Subject to Standard Trading Conditions.