COMMERCIAL INVOICE

International Shipping Bill

Invoice Number:
Date:

EXPORTER / SHIPPER

Name/Company:
Address:
Tax ID / EORI:
Contact/Phone:

CONSIGNEE / IMPORTER

Name/Company:
Address:
Tax ID / VAT No:
Contact/Phone:

TRANSPORT DETAILS

Carrier:
AWB / Tracking No:
Port of Loading:
Port of Discharge:

SHIPMENT TERMS

Incoterms (e.g. DAP, FOB):
Currency:
Country of Origin:
Reason for Export:

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal:
Freight/Shipping:
Insurance:

TOTAL VALUE:

Total Packages:
Total Gross Weight (kg):

I declare that all the information contained in this invoice to be true and correct.

Signature of Shipper

Date