PROFORMA INVOICE

Date: _____
Invoice #: _____

[Exporter/Company Name]
[Address Line 1]
[Address Line 2]
[Country]
[VAT/Tax ID]

CONSIGNEE (BILL TO) [Name/Company]
[Address]
[City, State, Zip]
[Country]
[Phone/Contact]

SHIP TO (IF DIFFERENT) [Name/Company]
[Address]
[City, State, Zip]
[Country]

SHIPPING INFORMATION Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____

PAYMENT & TERMS Incoterms: _____
Currency: _____
Payment Method: _____

Description of Goods	HS Code	Qty	Unit Price	Total

Subtotal: _____
Shipping/Freight: _____
Insurance: _____

Grand Total: _____

DECLARATION

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. These commodities, technology, or software are exported from [Country of Origin] in accordance with the Export Administration Regulations.

AUTHORIZED SIGNATURE & DATE

Country of Origin: _____ | Total Gross Weight: _____ | Total Packages: _____