INVOICE

Relocation Service Provider Name

Invoice #: _____

Date: _____

CLIENT / BILL TO:

Name: _____
Address: _____
City/Postcode: _____
Country: _____

MOVE DETAILS:

Origin: _____
Destination: _____
Move Date: _____
Shipment Ref: _____

Service Description	Quantity/Weight	Rate	Amount
Packing & Loading Services			
International Freight / Shipping			
Customs Clearance & Documentation			
Transit Insurance			

Service Description	Quantity/Weight	Rate	Amount
Destination Unpacking & Debris Removal			

Subtotal: $ _____
Tax / VAT: $ _____

TOTAL DUE: $ _____

Payment Terms: Net 30 Days

Bank Details: Swift/BIC: _____ | IBAN: _____

Notes: All cross-border services are subject to international customs regulations.