

COMMERCIAL INVOICE

Logistics & Freight Services

Invoice #: [000000]

Date: [YYYY-MM-DD]

PO Reference: [Reference Number]

SHIPPER / EXPORTER

[Company Name]
[Tax ID / VAT Number]
[Full Address]
[Contact Name & Phone]

CONSIGNEE / IMPORTER

[Company Name]
[Tax ID / VAT Number]
[Full Address]
[Contact Name & Phone]

SHIPMENT DETAILS

Forwarder: [Name]
Waybill/BL: [Number]
Incoterms: [e.g. DAP, EXW]
Vessel/Flight: [Details]

LOADING/DISCHARGE

Origin: [Port/City, Country]
Destination: [Port/City, Country]
Total Packages: [Qty/Type]
Total Weight: [Gross/Net KG]

Description of Goods	HS Code	Qty	Unit Value	Total Value
[Product Name/Description]	[0000.00]	[0]	[Currency 0.00]	[0.00]

Subtotal: 0.00

Shipping & Handling: 0.00

Insurance: 0.00

Total Invoice Value: [Currency] 0.00

Declaration: We certify that this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature & Stamp