

# PROFORMA INVOICE

Date: \_\_\_\_\_

Invoice No: \_\_\_\_\_

**Shipper/Exporter:**

[Company Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

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## CONSIGNEE (BILL TO)

[Name/Company]

[Address]

[Country]

[Tax ID/VAT No]

## SHIP TO (IF DIFFERENT)

[Name/Company]

[Address]

[Phone]

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## TRANSPORT INFORMATION

Air Waybill (AWB) No: \_\_\_\_\_

Carrier: \_\_\_\_\_

Port of Loading: \_\_\_\_\_

Port of Discharge: \_\_\_\_\_

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## TERMS & REFERENCES

Incoterms: \_\_\_\_\_

Currency: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Description of Goods	HS Code	Qty	Unit	Unit Price	Total

**PACKAGING DETAILS**

Total Pieces: \_\_\_\_\_  
 Gross Weight: \_\_\_\_\_ kg  
 Net Weight: \_\_\_\_\_ kg  
 Dimensions: \_\_\_\_\_

Subtotal: \_\_\_\_\_  
 Shipping/Freight: \_\_\_\_\_  
 Insurance: \_\_\_\_\_

**TOTAL AMOUNT:** \_\_\_\_\_

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**Declaration:** We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

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Authorized Signature