

PROFORMA INVOICE

Date: _____
Invoice #: _____

Global Logistics Co.
123 Logistics Way
Shipping District, NY 10001
Contact: +1 (555) 010-999

EXPORTER / SHIPPER

Name: _____
Address: _____
Country: _____
Tax ID/VAT: _____

CONSIGNEE / IMPORTER

Name: _____
Address: _____
Country: _____
Phone: _____

SHIPMENT DETAILS

Mode: [Sea / Air / Road]
Port of Loading: _____
Port of Discharge: _____
Incoterms 2020: _____

PACKAGE INFO

Total Weight: _____ kg
Total Volume: _____ cbm
Total Packages: _____
Currency: _____

Description of Goods	HS Code	Qty	Unit Price	Total

Subtotal: _____

Freight Charges: _____

Insurance: _____

Total Amount: _____

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

Authorized Signature: _____