

PROFORMA INVOICE

DATE: [Date]
INVOICE #: [Invoice Number]

SHIPPER / EXPORTER: [Company Name]
[Address Line 1]
[City, State, Zip]
[Country]
[Phone/Contact]

CONSIGNEE / IMPORTER: [Recipient Name]
[Address Line 1]
[City, State, Zip]
[Country]
[Phone/Contact]

TRANSPORT DETAILS: Carrier: [Carrier Name]
Waybill #: [Tracking Number]
Port of Loading: [City/Country]
Port of Discharge: [City/Country]

PAYMENT & TRADE TERMS: Incoterms: [e.g. DAP, EXW, CIF]
Currency: [e.g. USD, EUR]
Reason for Export: [e.g. Sale, Sample]

Description of Goods	HS Code	Qty	Unit Value	Total Value
[Item Description]	[HS Code]	[Qty]	[Price]	[Total]

Subtotal: [Amount]
Shipping/Freight: [Amount]
Insurance: [Amount]

Total Value: [Amount]

DECLARATION:

I declare that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

COUNTRY OF ORIGIN: [Country]

TOTAL WEIGHT (NET/GROSS): [Weight] kg

AUTHORIZED SIGNATURE & DATE