PROFORMA INVOICE

Date: [Date]
Invoice #: [Reference No.]
AWB #: [Air Waybill Number]

[Courier Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Shipper / Exporter

[Name/Company]
[Address Line 1]
[City, Country]
[Contact Phone]

Consignee / Receiver

[Name/Company]
[Address Line 1]
[City, Country]
[Contact Phone]

Description of Goods	HS Code	Qty	Weight	Unit Value	Total Value
[Product Description]	[Code]	[0]	[0.0 kg]	[0.00]	[0.00]
[Product Description]	[Code]	[0]	[0.0 kg]	[0.00]	[0.00]

Subtotal: [0.00]
Shipping Fee: [0.00]
Insurance: [0.00]

Grand Total: [Currency] [0.00]

Reason for Export: [e.g., Sale, Sample, Return]

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

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Authorized Signature