

# PROFORMA INVOICE

EXPORTER / SHIPPER: [Company Name]

[Street Address]

[City, State, Zip Code]

[Country]

[Contact Name / Phone]

CONSIGNEE / SHIP TO: [Customer Name]

[Street Address]

[City, State, Zip Code]

[Country]

[Tax ID / VAT Number]

INVOICE DATE: [Date]

PROFORMA INVOICE #: [Reference Number]

CUSTOMER PO #: [PO Number]

COUNTRY OF ORIGIN: [Origin Country]

MODE OF TRANSPORT: [Air / Sea / Road]

INCOTERMS: [e.g., EXW, FOB, CIF]

Description of Goods	HS Code	Quantity	Unit	Unit Price ([Currency])	Total Value
<b>Subtotal:</b>					
<b>Shipping/Freight:</b>					
<b>Insurance:</b>					
<b>Grand Total ([Currency]):</b>					

REASON FOR EXPORT: [e.g., Sale of Goods, Sample, Repair]

DECLARATION: I declare that all the information contained in this invoice is true and correct and that the contents of this shipment are as stated above.

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Authorized Signature

[Date of Signature]