

PROFORMA INVOICE

Date: _____

Invoice #: _____

Exporter / Shipper

[Company Name]

[Address Line 1]

[Address Line 2]

[Tax ID / VAT Number]

CONSIGNEE / IMPORTER

[Name/Company]

[Street Address]

[City, State, Zip, Country]

[Contact Phone]

NOTIFY PARTY

[Same as Consignee or Specific Agent]

SHIPPING DETAILS

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Estimated Ship Date: _____

PAYMENT & TERMS

Incoterms 2020: _____

Currency: _____

Payment Terms: _____

Country of Origin: _____

Item / HTS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

Item / HTS Code	Description of Goods	Qty	Unit	Unit Price	Total Value

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Value: _____

DECLARATION

We certify that this invoice is true and correct and that the products are of origin stated above. These commodities, technology, or software are exported from the [Country] in accordance with the Export Administration Regulations.

Authorized Signature: _____

Date: _____