PROFORMA INVOICE

[Exporter Name/Mill Name]
[Street Address, City, Country]
Tax ID / VAT: [Number]
Phone: [Number]

Date: _____
P.I. No: _____
Expiry Date: _____

CONSIGNEE / IMPORTER

[Company Name]
[Address Line 1]
[Address Line 2]
[Country]
Contact: [Name/Phone]

TRANSPORT & DELIVERY

Port of Loading: _____
Port of Discharge: _____
Mode of Transport: _____
Incoterms: [e.g. FOB, CIF, EXW]

S/N	Fabric/Garment Description (Weight/Composition)	HS Code	Quantity	Unit	Unit Price	Total Amount
1	[Item Name - e.g. 100% Combed Cotton Jersey]	[Code]		[Mtrs/Kgs]		
2	[Item Name - e.g. Woven Twill 250 GSM]	[Code]		[Mtrs/Kgs]		
					Subtotal	
					Freight/Ins.	

S/N	Fabric/Garment Description (Weight/Composition)	HS Code	Quantity	Unit	Unit Price	Total Amount
					GRAND TOTAL	**[Currency]**

PAYMENT TERMS

Method: [L/C, T/T, D/P]
Bank Name: [Name]
SWIFT/BIC: [Code]
IBAN: [Number]

PACKING DETAILS

Total Rolls/Bales: _____
Gross Weight: _____
Net Weight: _____
Volume (CBM): _____

Terms & Conditions: Samples approved as per [Reference No]. Quality standards follow [ISO/AATCC]. Country of Origin: [Country Name].

_____
Authorized Signature & Stamp

_____
Customer Acceptance