

PURCHASE INVOICE

Invoice #: _____

Date: _____

SUPPLIER NAME

Street Address

City, Province/State

Country, Postal Code

Tax ID / VAT #: _____

BILL TO:

Company Name

Address Line 1

City, Country

Contact Email

SHIP TO / CONSIGNEE:

Company Name/Warehouse

Address Line 1

City, Country

Phone Number

LOGISTICS:

Incoterms: _____

Port of Loading: _____

Country of Origin: _____

PAYMENT TERMS:

Currency: _____

Method: _____

Due Date: _____

Description of Goods / HS Code	Qty	Unit	Unit Price	Total Amount
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Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Total Payable: _____

BANKING DETAILS (SWIFT/IBAN):

Bank Name: _____ | Account Name: _____

SWIFT/BIC: _____ | IBAN/Account #: _____

Authorized Signature: _____