

PROFORMA INVOICE

DATE:
INVOICE #:

SELLER / EXPORTER
CONSIGNEE / BILL TO

DELIVERY SITE / SHIP TO
PAYMENT TERMS
ESTIMATED SHIPPING DATE

Description of Medical Equipment	Model / Serial	Qty	Unit Price	Total Amount

WARRANTY & SUPPORT NOTES:

Subtotal:
Shipping & Insurance:
Tax / VAT:
Grand Total (USD):

BANKING DETAILS (WIRE TRANSFER)

Bank Name:

SWIFT/BIC:

Account No:

AUTHORIZED SIGNATURE & STAMP

Validity Period: This proforma invoice is valid for 30 days.

Compliance: Equipment meets international medical safety standards (CE/FDA).