PROFORMA INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Date: _____
Invoice #: _____
Quote Valid Until: _____

BILL TO:

[Customer Name]
[Company Name]
[Delivery Address]
[Contact Number]

PROJECT/SITE DETAILS:

Site Name: [Project Name]
Site Contact: [Name]
PO Number: [Reference]

Material Description (Aggregate Type/Grade)	Quantity (Tons/mÂ³)	Unit Price	Total
[e.g., 20mm Crushed Stone]			
[e.g., Sharp Sand / Ballast]			
Haulage / Delivery Fee			

Subtotal: _____

Tax (VAT): _____

Grand Total: _____

Payment Terms: [e.g., Payment Required Prior to Dispatch]

Bank Details: Account Name: [Name] | Bank: [Name] | Account #: [Number] | Sort Code: [Code]

Notes: All deliveries are subject to site accessibility. Demurrage charges may apply if unloading exceeds 30 minutes.