PROFORMA INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[VAT/Tax ID]

Invoice #: _____
Date: _____
Expiry Date: _____

BILL TO

[Customer Name]
[Customer Address]
[Project Reference]

SHIPPING SITE

[Project Site Name]
[Delivery Address]
[Contact Person & Phone]

Item Description (Grade/Spec)	Qty/Length	Weight (MT/kg)	Unit Price	Total Amount
I-Beams / Universal Beams [Size]				
Hollow Sections (RHS/SHS)				

Item Description (Grade/Spec)	Qty/Length	Weight (MT/kg)	Unit Price	Total Amount
Steel Plates [Thickness]				
Fabrication: Cutting/Drilling/Priming				

Subtotal: $0.00
Shipping/Freight: $0.00
Tax ([0]%): $0.00

Total Payable: $0.00

TERMS & CONDITIONS

1. Prices based on current market steel indices and valid for [X] days.
2. Delivery Lead Time: [X] weeks from receipt of deposit.
3. Payment Terms: [X]% Deposit, Balance upon delivery.
4. Material Standards: All steel supplied to [ASTM/EN/ISO] specifications.

Bank Details:
Bank: [Name] | Account: [Number] | SWIFT/BIC: [Code]