PROFORMA INVOICE

[Exporter Name]
[Address Line 1]
[Country/VAT No]

Date: [DD/MM/YYYY]
Invoice No: [PRO-000]
Expiry Date: [DD/MM/YYYY]

CONSIGNEE / IMPORTER

[Company Name]
[Address]
[Tax ID/VAT]

NOTIFY PARTY / DELIVERY ADDRESS

[Same as Consignee or Specific Site]

ORIGIN OF GOODS

[Country]

PORT OF LOADING

[Port Name]

PORT OF DISCHARGE

[Port Name]

INCOTERMS 2020

[e.g. CIF/FOB]

Description of Dairy Products (Fat %, Grade)	HS Code	Quantity (Units/MT)	Unit Price	Total ([Currency])
[e.g. Skimmed Milk Powder - 25kg Bags]	[0402.10]			
[e.g. Unsalted Lactic Butter - 82% Fat]	[0405.10]			

Subtotal: 0.00
Freight & Insurance: 0.00

Total Payable: [Currency] 0.00

PAYMENT TERMS & BANKING DETAILS

Terms: [e.g. 100% LC at Sight / 30% Advance]
Bank Name: [Bank Name]
SWIFT/BIC: [Code]
IBAN: [Number]

Goods are subject to Veterinary Health Certification. Temperature control requirements: [Specify]

Authorized Signature