COURIER SERVICE

123 Logistics Way, Express City, 54321
contact@courierservice.com

SHIPPING INVOICE

Invoice #: _____
Date: _____
Waybill: _____

SENDER (EXPORTER)

Name: _____
Company: _____
Address: _____
Phone: _____
Tax ID/VAT: _____

RECEIVER (IMPORTER)

Name: _____
Company: _____
Address: _____
Phone: _____
Country: _____

Description of Goods	Qty	Weight (kg)	Value (USD)	Total

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SHIPMENT DETAILS

Service Type: _____
Incoterms: _____
Reason for Export: _____

Subtotal: $ _____
Freight Charges: $ _____
Insurance/Fees: $ _____

Total Amount: $ _____

Declaration: I declare that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Signature: _____ Date: _____