HAZMAT INVOICE

Dangerous Goods Shipping Document

Invoice #: _____

Date: _____

SHIPPER / EXPORTER
Name: _____
Address: _____
Phone: _____

CONSIGNEE / RECEIVER
Name: _____
Address: _____
Phone: _____

24-HOUR EMERGENCY CONTACT

Provider: _____ | Phone (Intl): _____

SHIPMENT DETAILS (UN/PROPER SHIPPING NAME)

UN Number	Proper Shipping Name	Class	PG	Qty/Type	Net Weight

PLACARD REQUIRED

Check box if Marine Pollutant: [ ]

Subtotal	$
Hazmat Surcharge	$
Total Due	**$**

SHIPPER'S CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Signature of Shipper

Date