MULTIMODAL SHIPPING INVOICE

Invoice #: _____

Date: _____

Carrier / Forwarder Name
Address Line 1
City, State, Zip
Contact: _____

Shipper / Exporter

Name:

Address:

Tax ID:

Consignee / Importer

Name:

Address:

Notify Party:

Transport Details

Mode(s): [ ] Sea [ ] Air [ ] Road [ ] Rail

Vessel/Flight No:

Port of Loading:

Port of Discharge:

Shipment Info

Bill of Lading / AWB #:

Incoterms:

Container/Seal #:

Country of Origin:

Description of Goods	Qty/Units	Weight (kg)	Volume (mÂ³)	Unit Price	Total

Description of Goods	Qty/Units	Weight (kg)	Volume (mÂ³)	Unit Price	Total

Freight Charges: $ _____

Fuel Surcharge: $ _____

Handling/Documentation: $ _____

Insurance: $ _____

GRAND TOTAL: $ _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature: _____
Company Stamp: _____