PROFORMA INVOICE

Date: _____
Invoice #: _____

Shipper / Exporter:
[Company Name]
[Address Line 1]
[City, State, Zip, Country]
[Tax ID / VAT Number]

CONSIGNEE (SHIP TO)

[Name/Company]
[Address]
[Phone/Email]

NOTIFY PARTY

[Name/Company]
[Address]
[Phone/Email]

TRANSPORT DETAILS

Mode of Transport: _____
Port of Loading: _____
Port of Discharge: _____
Vessel/Flight No: _____

PAYMENT & TRADE TERMS

Incoterms 2020: _____
Currency: _____
Payment Terms: _____
Country of Origin: _____

Marks & Nos.	Description of Goods	Qty	Unit Price	Total

Package Details:
Total Weight (G/N): _____
Total Measurement: _____
Total Packages: _____

Subtotal:

Freight Charges:

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: [Space]