

AIR CARGO INVOICE

Company Name
Street Address
City, State, Zip
Contact: +0 000 000 0000

Invoice #: _____

Date: _____

Due Date: _____

SHIPPER / EXPORTER

CONSIGNEE / RECEIVER

SHIPMENT INFORMATION

AWB Number:

Flight No/Date:

Origin Port:

Destination Port:

Gross Weight:
_____ kg

Chargeable Wt:
_____ kg

Total Pieces:

Dimensions:

Incoterms:

Description of Charges	Rate/Unit	Qty	Amount
Air Freight Charges			0.00
Fuel Surcharge			0.00
Security Surcharge			0.00
Handling & Documentation			0.00
Customs Clearance			0.00
Pickup / Delivery Fees			0.00
Subtotal: 0.00			
Tax / VAT: 0.00			
TOTAL (USD): \$0.00			

PAYMENT INSTRUCTIONS

Bank Name: _____ | Account Name: _____ | SWIFT: _____

Notes: Subject to standard terms and conditions of carriage. Goods insured only if specified in writing.