

COMMERCIAL INVOICE

Air Waybill (AWB) No: _____

Date: _____

Invoice No: _____

SHIPPER / EXPORTER

Name: _____

Address: _____

City/Country: _____

Contact/Tel: _____

Tax ID/VAT: _____

CONSIGNEE / RECEIVER

Name: _____

Address: _____

City/Country: _____

Contact/Tel: _____

Tax ID/VAT: _____

SHIPMENT DETAILS

Airport of Departure: _____

Airport of Destination: _____

Incoterms: _____

PACKAGE INFO

Total Pieces: _____

Gross Weight (kg): _____

Currency: _____

Description of Goods	Harmonized Code (HS)	Qty	Unit Value	Total Value
Subtotal:				
Freight:				
Insurance:				
TOTAL:				

I declare that the information mentioned above is true and correct to the best of my knowledge and that the contents of this shipment are as stated.

Signature of Shipper/Authorized Representative