

AIR FREIGHT INVOICE

Invoice #: [Invoice Number]

Date: [Date]

AWB #: [Air Waybill Number]

SHIPPER / EXPORTER

[Company Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

CONSIGNEE / RECEIVER

[Company Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

FLIGHT DETAILS

Carrier: [Airline Name]

Flight No: [Number]

Origin: [Airport Code]

Destination: [Airport Code]

CARGO SUMMARY

Pieces: [Total Units]

Gross Weight: [Weight] kg/lbs

Chargeable Weight: [Weight] kg/lbs

Incoterms: [Terms]

DESCRIPTION OF GOODS / SERVICES	RATE	QUANTITY	TOTAL
Air Freight Charges			
Fuel Surcharge			
Security Surcharge			

DESCRIPTION OF GOODS / SERVICES	RATE	QUANTITY	TOTAL
Handling / Documentation			

Subtotal: \$0.00

Tax/VAT: \$0.00

Amount Due: \$0.00

NOTES & TERMS

Payment is due within [Number] days. All business is transacted subject to the Standard Trading Conditions of the carrier.