

CARGO SHIPPING INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

INVOICE NUMBER

DATE

____ / ____ /20__

SHIPPER / EXPORTER

[Name]
[Address]
[Contact Number]

CONSIGNEE / RECEIVER

[Name]
[Address]
[Contact Number]

VESSEL / VOYAGE NO.

PORT OF LOADING

BILL OF LADING NO.

PORT OF DISCHARGE

Description of Goods / Cargo	HS Code	Quantity/Weight	Unit Price	Total
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Freight Subtotal: \$ _____

Fuel Surcharge: \$ _____

Port Fees/Handling: \$ _____
TOTAL DUE: \$ _____

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
SWIFT/BIC: [Code]
IBAN/Account: [Number]
TERMS & CONDITIONS

Incoterms: [FOB/CIF/EXW]
Payment Terms: [Net 30/Due on Receipt]

Certified that the particulars given above are true and correct and the invoice value is representative of the actual goods shipped.