# COMMERCIAL INVOICE

**Invoice #:** [_____]
**Date:** [_____]
**PO #:** [_____]

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**SHIPPER / EXPORTER**

Name: [_____]
Address: [_____]
City/State: [_____]
Country: [_____]
Contact: [_____]
Tax ID/VAT: [_____]

**CONSIGNEE / IMPORTER**

Name: [_____]
Address: [_____]
City/State: [_____]
Country: [_____]
Contact: [_____]
Tax ID/VAT: [_____]

**SHIPPING INFORMATION**

**Carrier:** [_____]
**AWB/BOL #:** [_____]
**Incoterms:** [_____]
**Reason for Export:** [___]

**COUNTRY INFO**

**Country of Origin:** [____]
**Country of Dest.:** [____]
**Currency:** [_____]
**Total Packages:** [_____]

| Description of Goods | HS Code | Qty | Unit | Unit Value | Total Value |
|---|---|---|---|---|---|
| [_____] | [_____] | [___] | [___] | [_____] | [_____] |

| Description of Goods | HS Code | Qty | Unit | Unit Value | Total Value |
|---|---|---|---|---|---|
| [_____] | [_____] | [____] | [____] | [_____] | [_____] |
| [_____] | [_____] | [____] | [____] | [_____] | [_____] |

**Subtotal:** [_____]
**Freight:** [_____]
**Insurance:** [_____]

**Total Invoice Value: [_____]**

I declare that all the information contained in this invoice is true and correct and that the contents of this shipment are as stated above.

Authorized Signature & Stamp