

COMMERCIAL INVOICE

Invoice No: _____
Date: _____
PO No: _____

Shipper / Exporter

Name: _____
Address: _____
Country: _____
Contact/Tel: _____

Consignee / Importer

Name: _____
Address: _____
Country: _____
Tax ID/VAT: _____

Shipment Details

Country of Origin: _____
Country of Destination: _____
Incoterms: _____

Transport Details

Mode of Transport: _____
Carrier/Vessel: _____
Port of Loading: _____

Description of Goods	HS Code	Qty	Unit	Unit Price	Total

Description of Goods	HS Code	Qty	Unit	Unit Price	Total

Subtotal: _____

Freight/Insurance: _____

Total (Currency): _____

Package Info: Total Weight: _____ | Total Packages: _____

Payment Terms: _____

I declare that the information above is true and correct to the best of my knowledge.

Authorized Signature & Stamp