COMMERCIAL INVOICE

Invoice No: _____

Date: _____

PO Ref: _____

EXPORTER / SHIPPER

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

IMPORTER / CONSIGNEE

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

LOGISTICS DETAILS

Country of Origin: _____
Port of Loading: _____
Port of Discharge: _____
Mode of Transport: _____

PAYMENT & TERMS

Incoterms: _____
Currency: _____
Payment Terms: _____

HS Code	Description of Goods (Industrial Sensors)	Qty	Unit	Unit Price	Total Value
_____	_____	_____	PCS	_____	_____
_____	_____	_____	PCS	_____	_____
_____	_____	_____	PCS	_____	_____
			Subtotal:		_____
			Shipping/Freight:		_____
			GRAND TOTAL:		_____

Package Details: Total Net Weight: _____ kg | Total Gross Weight: _____ kg | Total Packages: _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorized Signature & Stamp