

COMMERCIAL INVOICE

Exporter/Manufacturer:

[Company Name]
[Address]
[Tax ID/VAT Number]

Invoice #: [000000]
Date: [YYYY-MM-DD]
PO #: [Reference]

CONSIGNEE (SHIP TO)

[Hospital/Institution Name]
[Department]
[Address]
[Country]
Contact: [Name/Phone]

SHIPPING & LOGISTICS

Incoterms: [e.g., DAP/CIF]
Port of Loading: [City/Country]
Country of Origin: [Country]
Currency: [USD/EUR]

Item Description & Model Number	HS Code	FDA/CE Reg #	Qty	Unit Price	Total
[Equipment Name / Serial Number Range]	[8-10 Digit Code]	[Reg Number]	[0]	[0.00]	[0.00]
[Accessory / Component]	[8-10 Digit Code]	[Reg Number]	[0]	[0.00]	[0.00]

Subtotal:[0.00]
Freight/Insurance:[0.00]
Grand Total:[0.00]

Regulatory & Import Declaration:
1. These commodities, technology, or software are exported in accordance with Export Administration Regulations.

2. All medical devices listed above comply with [FDA/EU/Local] regulatory requirements for clinical use.
3. We certify that this invoice is true and correct and that no other invoice has been or will be issued.

Authorized Signature