

SUPPLY INVOICE

[Supplier Name]
[Street Address]
[City, Country, Zip]
[Tax ID/VAT Number]

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

BILL TO (IMPORTER)

[Company Name]
[Street Address]
[City, State, Zip]
[Contact Name]
[Phone Number]

SHIP TO

[Warehouse/Facility Name]
[Street Address]
[City, State, Zip]
[Receiving Contact]

Port of Loading: [Name]
Country of Origin: [Name]
Currency: [USD/EUR/etc]
Shipping Method: [Air/Sea/Land]
Incoterms: [FOB/CIF/DDP]
Bill of Lading: [Number]

SKU / Item #	Description	HS Code	Qty	Unit Price	Amount
[SKU-001]	[Product Name/Specifications]	[0000.00.00]	0	0.00	0.00

SKU / Item #	Description	HS Code	Qty	Unit Price	Amount
[SKU-002]	[Product Name/Specifications]	[0000.00.00]	0	0.00	0.00

Subtotal: 0.00
Shipping & Handling: 0.00
Insurance / Duty: 0.00
Total Balance: [Currency] 0.00

Payment Terms: [Net 30/Due on Receipt/Wire Transfer]

Bank Details: [Bank Name] | SWIFT: [Code] | Account: [Number]

Items remain property of the supplier until full payment is received. Certified that the information on this invoice is true and correct.