

COMMERCIAL INVOICE

Manufacturer Logistics & Import

Invoice No: _____

Date: _____

PO Ref: _____

EXPORTER / MANUFACTURER

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

IMPORTER / CONSIGNEE

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

SHIPMENT DETAILS

Vessel/Flight No: _____
Port of Loading: _____
Port of Discharge: _____
Final Destination: _____

DELIVERY & PAYMENT TERMS

Incoterms: _____
Currency: _____
Payment Terms: _____
Country of Origin: _____

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT

HS CODE	DESCRIPTION OF GOODS	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT

Subtotal: _____
 Shipping & Handling: _____
 Insurance: _____
 Total Value (Invoiced): _____

Declaration: We hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

 Authorized Signature & Date

 Company Stamp