

COMMERCIAL INVOICE

Invoice No: _____

Date: _____

PO Reference: _____

Exporter / Shipper:

[Company Name]

[Address Line 1]

[Address Line 2]

[Country/Tax ID]

Consignee / Importer of Record:

[Company Name]

[Address Line 1]

[City, State, Zip]

[Country/Tax ID]

[Contact Phone]

Shipping Details:

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Incoterms: _____

ITEM / MODEL NO.	HS CODE	DESCRIPTION OF MACHINERY/PARTS	QTY	UNIT	UNIT PRICE (USD)	TOTAL (USD)

Subtotal: _____

Freight/Insurance: _____

TOTAL INVOICE VALUE: _____

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

Country of Origin: _____

Payment Terms: _____

Authorized Signature & Corporate Stamp:

Company Seal