

COMMERCIAL INVOICE

Raw Material Import

Invoice #: _____

Date: _____

EXPORTER / SHIPPER:

Name: _____

Address: _____

Country: _____

Tax ID: _____

IMPORTER / CONSIGNEE:

Name: _____

Address: _____

Country: _____

VAT/EORI: _____

Port of Loading: _____

Port of Discharge: _____

Vessel/Flight No: _____

Incoterms: _____

Currency: _____

Payment Terms: _____

HS Code	Description of Raw Materials	Quantity	Unit	Unit Price	Total

Subtotal: _____

Freight: _____

Insurance: _____

TOTAL VALUE: _____

Total Packages: _____

Gross Weight: _____

Net Weight: _____

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

Authorized Signature & Stamp