COMMERCIAL INVOICE

(Pharmaceutical Importation)

EXPORTER / SHIPPER:

INVOICE DATE:
INVOICE NUMBER:
PO NUMBER:
TERMS OF SALE (INCOTERMS):

IMPORTER OF RECORD / CONSIGNEE:

MANUFACTURER NAME & ADDRESS:

SHIPPING DETAILS (AWB/BOL, VESSEL/FLIGHT, PORT OF ENTRY):

Product Description (Generic/Brand Name)	Harmonized System (HS) Code	Batch / Lot No.	Expiry Date	Quantity	Unit Price	Total Value
Subtotal						
Freight/Insurance						
TOTAL AMOUNT (Currency)						

REGULATORY DECLARATION:

We certify that the pharmaceutical products listed above comply with the regulations of the destination country. These products were manufactured under Good Manufacturing Practices (GMP). No drugs prohibited by international conventions are included.

COUNTRY OF ORIGIN:

AUTHORIZED SIGNATURE & TITLE