

LOGISTICS INTEGRATED

SHIPPING INVOICE

No: [000000]

Date: [DD/MM/YYYY]

SHIPPER / EXPORTER

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

CONSIGNEE / SHIP TO

[Recipient Name/Company]

[Street Address]

[City, State, Zip]

[Phone Number]

SHIPPING DETAILS

Waybill/BOL: [Number]

Carrier: [Carrier Name]

Mode: [Air/Sea/Road]

Service Level: [Standard/Express]

LOGISTICS REFERENCE

PO Number: [Number]

Vessel/Flight: [Reference]

Port of Loading: [Origin]

Port of Discharge: [Destination]

Description of Goods	HTS Code	Qty	Weight (kg)	Unit Price	Total
[Product Description]	[0000.00]	[0]	[0.00]	[0.00]	[0.00]

Description of Goods	HTS Code	Qty	Weight (kg)	Unit Price	Total
Freight Charges				-	[0.00]
Subtotal:					[0.00]
Tax/VAT:					[0.00]
GRAND TOTAL:					[0.00]

TERMS & CONDITIONS

Payment terms: [Net 30]. Goods are shipped under [Incoterms] rules. Subject to standard carrier liability clauses.

Authorized Signature: _____
Company Stamp: _____