

Shipper/Exporter  
[Business Name]  
[Business Address 1]  
[City], [State] [Postal Code]

Invoice

[Business Phone Number]  
[Business Email Address]

**Consignee**    [Client Name ]  
                  [Client Address line 1]  
                  [City], [State] [Postal code]

**Invoice Number**    2001321  
**Date**    1/2/2023  
**Customer PO No.**  
**Country of Origin**  
**B/L / AWB No.**  
**Final Destination**  
**Export Route / Carrier**  
**No. of Packages**  
**Total Gross Weight**  
**Terms of Payment**

Description	Quantity	Unit price	Amount
Product	11	\$100.00	\$1,100.00
Freight	1	\$10.00	\$10.00
Insurance	1	\$100.00	\$100.00
Total			\$1,210.00

Notes