

INVOICE

THIS INVOICE DOES NOT RELIEVE THE SHIPPER FROM PRODUCING SPECIAL OR COMMERCIAL INVOICE WHEN REQUIRED	EXPORTER		GST REGISTRATION #		CONTROL #		EXP. REF. NO.											
					B/L #		PAGE OF											
					FREIGHT BILL #													
					REMIT TO:													
	BUYER NAME & ADDRESS																	
	CONSIGNEE'S OR BUYER'S REF. NO.																	
	TERMS																	
	ROUTING				ORIGIN (COUNTRY/PROVINCE)		DESTINATION (COUNTRY/STATE)											
	LOCAL CARRIER		PARTIES TO THIS TRANSACTION ARE: <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED FROM (CITY/PROVINCE OF LADING)		DUTY AND/OR BROKERAGE FOR: <input type="checkbox"/> SHIPPER (INCLUDED) <input type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE OR FOR THE ACCOUNT OF:													
	EXPORTING CARRIER				FREIGHT AMOUNT, IF ANY,		DATE OF SALE											
PORT OF ENTRY		EXCHANGE RATE			CURRENCY OF VALUE													
EXPORT DATE		PORT OF EXIT																
COUNTRY OF ORIGIN	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 30%;">MARKS AND NUMBERS</div> <div style="width: 40%;">NUMBER AND KIND OF PACKAGES</div> <div style="width: 30%;">GROSS SHIPPING WEIGHT</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 40%;">DESCRIPTION OF GOODS</th> <th style="width: 20%;">H.S. CODE</th> <th style="width: 10%;">INVOICE UNIT QUANTITY</th> <th style="width: 20%;">INVOICE UNIT PRICE</th> <th style="width: 10%;">INVOICE TOTAL</th> </tr> </thead> <tbody> <tr><td style="height: 150px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>								DESCRIPTION OF GOODS	H.S. CODE	INVOICE UNIT QUANTITY	INVOICE UNIT PRICE	INVOICE TOTAL					
	DESCRIPTION OF GOODS	H.S. CODE	INVOICE UNIT QUANTITY	INVOICE UNIT PRICE	INVOICE TOTAL													
	STATE REASON OF EXPORT <input type="checkbox"/> SOLD <input type="checkbox"/> NOT SOLD				EXPORT PERMIT NO.		INVOICE TOTAL											
	ESTIMATED FREIGHT CHARGES TO POINT OF EXIT \$				OR TO DESTINATION \$		OCEAN OR INTERNATIONAL FREIGHT											
	MODE OF TRANSPORTATION FROM POINT OF EXIT <input type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER				CONTAINERIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		DOMESTIC FREIGHT CHARGES											
	NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER _____ GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE _____ _____ _____				To the best of the knowledge and belief of the preparer, this invoice is true and complete and discloses the true prices, values, quantities, remissions, royalties and any goods or services provided to the seller either free or at a reduced cost. STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		INSURANCE MISC. TRANSP. COMMISSION CONTAINER ASSISTS PACKAGING DEDUCTION TOTAL											
	DATE																	