

Pro Forma Invoice

Page 1 of 1

This invoice must be completed in English.

EXPORTER: Tax ID#: Contact Name: Santy Telephone No.: 9876543210 E-Mail: Company Name/Address: rShipper dszvd cxvdxvdfxc Kota 324001 Country: INDIA Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related				Ship Date: 03 Jul, 2017 Air Waybill No. / Tracking No.: 000000000000 Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Purpose of Shipment: REPAIR_AND_RETURN				
CONSIGNEE: Tax ID#: Contact Name: Pandey Ji Telephone No.: 9876543210 E-Mail: Company Name/Address: Pandey Shipper dsv cvsdc sdvc **TEST LABEL - DO NOT SHIP** Mumbai 400069 Country: INDIA				SOLD TO / IMPORTER (if different from Consignee): <input checked="" type="checkbox"/> Same as CONSIGNEE: Tax ID#: Company Name/Address: Country: INDIA				
If there is a designated broker for this shipment, please provide contact information. Name of Broker Tel. No. Contact Name Duties and Taxes Payable by <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify								
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
1	1.00	0.50	EA	Book		IN	1.000000	1.00
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:		Subtotal:
1	1.00	0.50	KG	0.50	KG			1.00
Special Instructions: Amount in words: Rupees One only							Insurance:	0.00
							Freight:	0.00
							Packing:	0.00
Declaration Statement(s):							Handling:	0.00
							Other:	0.00
I declare that all the information contained in this invoice to be true and correct.							Invoice Total:	1.00
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: Santy							Currency Code:	INR
Signature / Title / Date:								

03 Jul, 2017

REV. 04.10.13-1.08