

Pro-Forma Invoice

Sender Name: **Santosh Yadav**
Address: 6/12 Chander Shaker Society, Mumbai
MAHARASHTRA-400069
Contact Number: 9833563411

Courier Vendor:Prof
Service: Prof 1
Airway Bill Number: 12345qw122

Receiver Name: **P.H Yadav**
Address: A-5 Balaji Town Kheli Ghatak,Kota
RAJASTHAN-324001
Contact Number: 9928061807

Unique Number: 12312333
Package Count: 1
Total Weight: 1
Purpose of Shipment:GIFT

Duties and Taxes Payable by: ☐Sender ☐Receiver ☐Other
If Other, please specify

No. of Package	No.of Units	Net Weight	Unit of Measure	Description of Goods	Country of Manufacture	Unit Value	Total Value
1	1	3	KG	Chair: Chair	IN	1000	1000
2	1	7	KG	Table: table	IN	10000	10000
Total Package	Total Units	Total Weight	Total Gross Weight	Terms of Sale:		Invoice Total	11000
2	2	10 KG	10 KG			Currency	Indian Rupee

Special Instructions:

Decalartion Statement(s):

I declare that all the information contain in this invoice to be true and correct.

Signature_____ Date_____

Airway Bill



Sender Name: **Santosh Yadav**

Address: 6/12 Chander Shaker Society, Mumbai
MAHARASHTRA-400069

Contact Number: 9833563411

Courier Vendor:Prof

Service: Prof 1

Pickup Date:_____

Time: _____

Emp. Code: _____

Signature: _____

Receiver Name: P.H Yadav

Address: A-5 Balaji Town Kheli Ghatak, Kota
RAJASTHAN-324001

Contact Number: 9928061807

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Package Details: Commodities

Chair

Table

