Pro Forma Invoice

Pro Forma Invoice This invoice must be completed in English. Pag													of1	
This invoice must be completed in English. EXPORTER:											r age		01	=
Tax ID#:	٠.						Ship Date: 03 Jul, 2017							
								Air Waybill No. / Tracking No.:						
Contact Name: Santy								000000000000						
Telephone No.: 9876543210								000	Puro	chase Order No.:				
E-Mail:														
Company Name/Address:								ms:	Rill	of Lading:				
rShipper										oag.				
dszvd cxvdxvdfxc								Shipment:						
								ND_RETURN						
Kota 324001														
Country: INDIA														
Parties to		n:												
_	lated		X Non-Rela	ited										
CONSIGNI							SOLD TO / IMPORTER (if different from Consignee):							
CONSIGNEE:														
Tax ID#: Contact Name: Pandey								X Same as CONSIGNEE:						
		-												
Telephone	No.: 9876	543210					Tax ID#:							
E-Mail:														
	Name/Addr	ess:					Company Name/Address:							
Shipper														
	d fdgdfg gl		D++											
^^ ES L	ABEL - D	O NOT SHI	P**											
Mumbai 400069 Country: INDIA								DIA						
		d broker for	thic chinmon	, please provid	o contact i	information	Country: INI	DIA						_
		u biokei ioi	uns sinpinen	., piease proviu	e contact i			<u>.</u> .						
Name of B	roker		-		_	Tel. No.		Conta	ct Name .					
Duties and	Taxes Pay	able by X	Exporter	Consignee	Oth	ner If Other, pl	lease specify							
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure		Descrip	otion of Goods		Harmonized Tariff Number	Country of Manufacture	Unit Value			otal alue	
1	1.00	0.50	EA	Book & Per	`				IN	1,000.0000	200		1,000.0	<u> </u>
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)		(Indicate BS/KGS)	Terms of Sale:			L	Subtotal:			1,000.0)0
1 1.00 0.50 KG 0.50 KG										Insurance:			0.0)0
Special Instructions: Amount in words: Rupees One Thousand only										Freight:			0.0)0
										Packing:			0.0)0
Declaration Statement(s):										Handling:			0.0)0
										Other:			0.0)0
I declare that all the information contained in this invoice to be true and correct.													1,000.0)0
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: Santy										Currency Code:		- IN	NR	
Signature	Title / Date	ə:								•			03 Jul, 201	17
												REV.	04.10.13-1.	08