

Pro-Forma Invoice

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

Courier Vendor:
Service:
Airway Bill Number: 69500728216

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

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|---------------------------|
| Unique Number: 111211qqqq |
| 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 | 1 | KG | 1: 1 | IN | 1 | 1 |
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| Total Package | Total Units | Total Weight | Total Gross Weight | Terms of Sale: | | Invoice Total | 1 |
| 1 | 1 | 1 KG | 1 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_____

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