Pro Forma Invoice

Pro Forma Invoice This invoice must be completed in English. Page of													of 1	
EXPORTER:								Ship Date:				`	<u> </u>	
								04 Jul, 2017						
Tax ID#:							Air Waybill No. / Tracking No.:							
Contact Name: Santosh							000000000000							
Telephone No.: 9876543210										hase Order No.:				
E-Mail:														
Company Name/Address:								ms.	Rill	of Lading:				
rShipper							Payment Ter			og.				
cdsxz sdcsxz csd							Purpose of Shipment:							
							REPAIR_AND_RETURN							
Kota 324	001													
Country: INDIA														
Parties to Transaction:														
Related X Non-Related														
CONSIGNEE:								SOLD TO / IMPORTER (if different from Consignee):						
Tax ID#:														
								X Same as CONSIGNEE:						
Contact Name: Santosh								T ID#-						
Telephone No.: 9876543210								Tax ID#:						
E-Mail:														
Company Name/Address:								Company Name/Address:						
rShipper cdsxz sdcsxz csd														
1		O NOT CUI	D**											
I IESIL	ADEL - D	O NOT SHI	۲											
Marylani 400000														
Mumbai 400069 Country: INDIA								Country: INDIA						
If there is a designated broker for this shipment, please provide contact information.								JIA						
	-	a blokel loi	una ampinem	, piease provia	e contact i			0	-4 N					
Name of B		_		_		Tel. No.		Conta	ct Name .					
Duties and			Exporter	Consignee	Oth	ner If Other, pl	lease specify							
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure		Descrip	tion of Goods		Harmonized Tariff Number	Country of Manufacture	Unit Value		Tot Valu		
1	4.00	1.00	EA	Book					IN	100.0000	00		400.00	
					4.1	Tarma								
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Weight L	(Indicate .BS/KGS)	Terms of Sale:				Subtotal:			400.00	
1 4.00 1.00 LB 1.00 LB										Insurance:			0.00	
Special Instructions: Amount in words: Rupees Four Hundred only										Freight:	\perp		0.00	
Declaration Statement(s):										Packing:			0.00	
Deciaration	1 Statemen	(s):								Handling:	\perp		0.00	
										Other:			0.00	
I declare that all the information contained in this invoice to be true and correct.													400.00	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: Santosh												INI	R	
Signature	Title / Date	ə:										(04 Jul, 2017	
												REV. 0	4.10.13-1.08	

KOTA, DE 324001 INDIA IN ORIGIN ID:KTUA SANTOSH RSHIPPER CDSXZ SDCSXZ CSD

9876543210

SHIP DATE: 04JUL17 ACTWGT: 1:00 LB CAD: 100281503/WSXI3100 DIMS: 1x1x1 IN BILL SENDER

TO SANTOSH
RSHIPPER
CDSXZ SDCSXZ CSD
TEST LABEL - DO NOT SHIP MUMBAI BO 400069 9876543210 INV:

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TRK# 7946 0367 9903 PRIORITY OVERNIGHT RES

400069

-IN BOM

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TO Santosh
rShipper
cdsxz sdcsxz csd
TEST LABEL - DO NOT SHIP
Mumbai, BO 400069 ORIGIN ID:KTUA 9876543210 Santosh rShipper cdsxz sdcsxz csd Kota, DE 324001 INDIA, IN Dims: 1x1x1 IN BILL SENDER EIN/VAT: Ship Date: 04JUL17 ActWgt: 1.00 LB CAD: 100281503/WSXI3100 9876543210



REF: DESC1:Book

PRIORITY OVERNIGHT

DESC3: DESC4:

TO Santosh
rShipper
cdsxz sdcsxz csd
TEST LABEL - DO NOT SHIP
Mumbai, BO 400069 ORIGIN ID:KTUA 9876543210 Santosh rShipper cdsxz sdcsxz csd Kota, DE 324001 INDIA, IN Dims: 1x1x1 IN BILL SENDER EIN/VAT: Ship Date: 04JUL17 ActWgt: 1.00 LB CAD: 100281503/WSXI3100 9876543210



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PRIORITY OVERNIGHT

DESC3: DESC4:

TO Santosh
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TEST LABEL - DO NOT SHIP
Mumbai, BO 400069 ORIGIN ID:KTUA 9876543210 Santosh rShipper cdsxz sdcsxz csd Kota, DE 324001 INDIA, IN Dims: 1x1x1 IN BILL SENDER EIN/VAT: Ship Date: 04JUL17 ActWgt: 1.00 LB CAD: 100281503/WSXI3100 9876543210



REF: DESC1:Book

PRIORITY OVERNIGHT

DESC3: DESC4: