

Pro-Forma Invoice

Sender Name: Ankit Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 8693826816				Courier Vendor: Service: Airway Bill Number: 69500733175			
Receiver Name: V K Jeet Address: Try1235,New Delhi DELHI-110001 Contact Number: 9833563419				Unique Number: 3442123 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT			
Duties and Taxes Payable by: <input type="checkbox"/> Sender <input type="checkbox"/> Receiver <input type="checkbox"/> 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	Table: Table	IN	1	1
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 decalare that all the information contain in this invoice to be true and correct.							
Signature							
Date							

Airway Bill



Sender Name: Ankit Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 8693826816 Courier Vendor:BlueDart Service: eTailPrePaidAir Pickup Date: _____ Time: _____ Emp. Code: _____ Signature: _____	Receiver Name: V K Jeet Address: Try1235,New Delhi DELHI-110001 Contact Number: 9833563419 Airway Bill Number: 69500733175 Unique Number: 3442123 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT
Package Details: Commodities Table	

