

Pro-Forma Invoice

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

Courier Vendor:TrackOn
Service: TrackOn
Airway Bill Number: 21432412

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

Unique Number: 231qw1
Package Count: 1
Total Weight: 10
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	Chair: Chair	IN	1000	1000
2	1	1	KG	Table: Table	IN	2000	2000
Total Package	Total Units	Total Weight	Total Gross Weight	Terms of Sale:		Invoice Total	3000
2	2	2 KG	2 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:TrackOn Service: TrackOn	Receiver Name: P.H Yadav Address: A-5 Balaji Town Kheli Ghatak,Kota RAJASTHAN-324001 Contact Number: 9928061807 Airway Bill Number: 21432412
Pickup Date: _____ Time: _____ Emp. Code: _____ Signature: _____	Unique Number: 231qw1 Package Count: 1 Total Weight: 10 Purpose of Shipment:GIFT
Package Details: Commodities Chair Table	

