

## 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: 69500728382

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

Unique Number: 13ahxhjx21  
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
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\_\_\_\_\_



Airway Bill



Sender Name: <b>Santosh Yadav</b> Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 9833563411 Courier Vendor: Service:	Receiver Name: <b>P.H Yadav</b> Address: A-5 Balaji Town Kheli Ghatak,Kota RAJASTHAN-324001 Contact Number: 9928061807 Airway Bill Number: 69500728382
Pickup Date: _____ Time: _____ Emp. Code: _____ Signature: _____	Unique Number: 13ahxhxx21 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT
Package Details: Commodities 1	

