

## Pro Forma Invoice

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This invoice must be completed in English.

<b>EXPORTER:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Santosh <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> rShipper cdsxz sdcxsx csd  Kota 324001 <b>Country:</b> INDIA <b>Parties to Transaction:</b> <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related				<b>Ship Date:</b> 03 Jul, 2017 <b>Air Waybill No. / Tracking No.:</b> 000000000000 <b>Invoice No.:</b> <span style="float: right;"><b>Purchase Order No.:</b></span>  <b>Payment Terms:</b> <span style="float: right;"><b>Bill of Lading:</b></span>  <b>Purpose of Shipment:</b> REPAIR_AND_RETURN				
<b>CONSIGNEE:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Santosh <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> rShipper cdsxz sdcxsx csd **TEST LABEL - DO NOT SHIP**  Mumbai 400069 <b>Country:</b> INDIA				<b>SOLD TO / IMPORTER (if different from Consignee):</b> <input checked="" type="checkbox"/> Same as CONSIGNEE:  <b>Tax ID#:</b>  <b>Company Name/Address:</b>  <b>Country:</b> INDIA				
If there is a designated broker for this shipment, please provide contact information. <b>Name of Broker</b> <span style="float: right;"><b>Tel. No.</b> <b>Contact Name</b></span> <b>Duties and Taxes Payable by</b> <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other <span style="float: right;">If Other, please specify</span>								
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
1	4.00	1.00	EA	Book		IN	100.000000	400.00
<b>Total Pkgs</b>	<b>Total Units</b>	<b>Total Net Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Total Gross Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Terms of Sale:</b>		<b>Subtotal:</b>
1	4.00	1.00	LB	1.00	LB			400.00
<b>Special Instructions:</b> Amount in words: Rupees Four Hundred only								<b>Insurance:</b>
								<b>Freight:</b>
								<b>Packing:</b>
<b>Declaration Statement(s):</b>								<b>Handling:</b>
								<b>Other:</b>
<b>I declare that all the information contained in this invoice to be true and correct.</b>								<b>Invoice Total:</b>
<b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b> Santosh								<b>Currency Code:</b>
<b>Signature / Title / Date:</b>								03 Jul, 2017