

## Pro-Forma Invoice

Sender Name: **Ankit**  
Address: 6/12 Chander Shaker Society, Mumbai  
MAHARASHTRA-400069  
Contact Number: 8693826816

Courier Vendor:  
Service:  
Airway Bill Number: 69500733190

Receiver Name: **V K Jeet**  
Address: Try1235,New Delhi  
DELHI-110001  
Contact Number: 9833563419

Unique Number: 3442123aqi  
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	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 declare that all the information contain in this invoice to be true and correct.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

Airway Bill



Sender Name: <b>Ankit</b> 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: <b>V K Jeet</b> Address: Try1235,New Delhi DELHI-110001 Contact Number: 9833563419 Airway Bill Number: 69500733190  Unique Number: 3442123aqi Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT
Package Details: Commodities Table	

