

Pro Forma Invoice

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This invoice must be completed in English.

EXPORTER: Tax ID#: Contact Name: Santy Telephone No.: 9876543210 E-Mail: Company Name/Address: rShipper dszvd cxvdxvdfxc Kota 324001 Country: INDIA Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related				Ship Date: 03 Jul, 2017 Air Waybill No. / Tracking No.: 000000000000 Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Purpose of Shipment: REPAIR_AND_RETURN				
CONSIGNEE: Tax ID#: Contact Name: Pandey Ji Telephone No.: 9876543210 E-Mail: Company Name/Address: Pandey Shipper dsv cvsdc sdvc **TEST LABEL - DO NOT SHIP** Mumbai 400059 Country: INDIA				SOLD TO / IMPORTER (if different from Consignee): <input checked="" type="checkbox"/> Same as CONSIGNEE: Tax ID#: Company Name/Address: Country: INDIA				
If there is a designated broker for this shipment, please provide contact information. Name of Broker Tel. No. Contact Name Duties and Taxes Payable by <input checked="" type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify								
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	1.00	0.50	EA	Book & Pen		IN	1.000000	1.00
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:		Subtotal:
1	1.00	0.50	KG	0.50	KG			1.00
Special Instructions: Amount in words: Rupees One only								Insurance:
								Freight:
								Packing:
Declaration Statement(s):								Handling:
								Other:
I declare that all the information contained in this invoice to be true and correct.								Invoice Total:
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: Santy								Currency Code: INR
Signature / Title / Date:								03 Jul, 2017