

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: 69500728393

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

Unique Number: 13zazahxhjx21
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

<div> 6 9 5 0 0 7 2 8 3 9 3</div>	
Sender Name: Santosh Yadav Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 9833563411 Courier Vendor: Service:	Receiver Name: P.H Yadav Address: A-5 Balaji Town Kheli Ghatak,Kota RAJASTHAN-324001 Contact Number: 9928061807 Airway Bill Number: 69500728393
Pickup Date: _____ Time: _____ Emp. Code: _____ Signature: _____	Unique Number: 13zazahxhxx21 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT
Package Details: Commodities Table	

