

Pro-Forma Invoice

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|---|-------------|--------------|--------------------|---|------------------------|---------------|--------------|
| Sender Name: Santosh Yadav Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 9833563411 | | | | Courier Vendor: Service: Airway Bill Number: 69500727321 | | | |
| Receiver Name: P.H Yadav Address: A-5 Balaji Town Kheli Ghatak,Kota RAJASTHAN-324001 Contact Number: 9928061807 | | | | Unique Number: 11121sq112sp1 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT | | | |
| Duties and Taxes Payable by: <input type="checkbox"/> Sender <input type="checkbox"/> Receiver <input type="checkbox"/> 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 |
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| 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 decalare that all the information contain in this invoice to be true and correct. | | | | | | | |
| Signature | | | | | | | |
| Date | | | | | | | |

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