

## Pro-Forma Invoice

Sender Name: <b>Ankit</b> Address: 6/12 Chander Shaker Society,Mumbai MAHARASHTRA-400069 Contact Number: 8693826816				Courier Vendor: Service: Airway Bill Number: 69500734553			
Receiver Name: <b>V K Jeet</b> Address: Try1235,New Delhi DELHI-110001 Contact Number: 9833563419				Unique Number: 21312q12ij12ffce21 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	Table: Chair	IN	1000	1000
Total Package	Total Units	Total Weight	Total Gross Weight	Terms of Sale:		Invoice Total	1000
1	1	1 KG	1 KG			Currency	Indian Rupee
<b>Special Instructions:</b>							
<b>Decalartion Statement(s):</b>							
<b>I decalare that all the information contain in this invoice to be true and correct.</b>							
<div> <div>Signature</div> <div>Date</div> </div>							

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: 69500734553  Unique Number: 21312q12ij12ffce21 Package Count: 1 Total Weight: 1 Purpose of Shipment:GIFT
Package Details: Commodities Table	

