

## Pro Forma Invoice

Page 1 of 1

This invoice must be completed in English.

<b>EXPORTER:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Santosh <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> rShipper cdsxz sdcxsx csd  Kota 324001 <b>Country:</b> INDIA <b>Parties to Transaction:</b> <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related					<b>Ship Date:</b> 03 Jul, 2017 <b>Air Waybill No. / Tracking No.:</b> 000000000000 <b>Invoice No.:</b> <span style="float: right;"><b>Purchase Order No.:</b></span>  <b>Payment Terms:</b> <span style="float: right;"><b>Bill of Lading:</b></span>  <b>Purpose of Shipment:</b> REPAIR_AND_RETURN				
<b>CONSIGNEE:</b> <b>Tax ID#:</b> <b>Contact Name:</b> Santosh <b>Telephone No.:</b> 9876543210 <b>E-Mail:</b> <b>Company Name/Address:</b> rShipper cdsxz sdcxsx csd **TEST LABEL - DO NOT SHIP**  Mumbai 400069 <b>Country:</b> INDIA					<b>SOLD TO / IMPORTER (if different from Consignee):</b> <input checked="" type="checkbox"/> Same as CONSIGNEE:  <b>Tax ID#:</b>  <b>Company Name/Address:</b>  <b>Country:</b> INDIA				
If there is a designated broker for this shipment, please provide contact information. <b>Name of Broker</b> <span style="float: right;"><b>Tel. No.</b> <b>Contact Name</b></span> <b>Duties and Taxes Payable by</b> <input type="checkbox"/> Exporter <input type="checkbox"/> Consignee <input type="checkbox"/> Other <span style="float: right;">If Other, please specify</span>									
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	4.00	1.00	EA	Book		IN	100.000000	400.00	
<b>Total Pkgs</b>	<b>Total Units</b>	<b>Total Net Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Total Gross Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Terms of Sale:</b>		<b>Subtotal:</b>	
1	4.00	1.00	LB	1.00	LB			400.00	
<b>Special Instructions:</b> Amount in words: Rupees Four Hundred only							<b>Insurance:</b>	0.00	
							<b>Freight:</b>	0.00	
							<b>Packing:</b>	0.00	
<b>Declaration Statement(s):</b>							<b>Handling:</b>	0.00	
							<b>Other:</b>	0.00	
<b>I declare that all the information contained in this invoice to be true and correct.</b>							<b>Invoice Total:</b>	400.00	
<b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b> Santosh							<b>Currency Code:</b>	INR	
<b>Signature / Title / Date:</b>									

03 Jul, 2017

REV. 04.10.13-1.08

ORIGIN:DKTUA 9876543210  
SANTOSH  
RSHIPPER  
CDSXZ SDCSXZ CSD  
KOTA, DE 324001  
INDIA IN

SHIP DATE: 03JUL17  
ACTWGT: 1.00 LB  
CAD: 100281503WSX3100  
DIMS: 1x1x1 IN  
BILL SENDER

TO **SANTOSH**  
**RSHIPPER**

**CDSXZ SDCSXZ CSD**

**\*\*TEST LABEL - DO NOT SHIP\*\***

**MUMBAI BO 400069**

REF:

INV: 9876543210

PO:

DEPT:

(IN)

546J1/COC2/53C1



J171117021401uv

**FedEX**  
Express

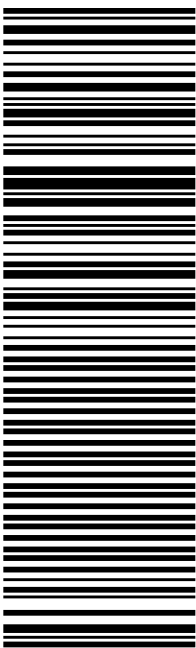
TRK# 7946 0367 9970

**AA**  
**PRIORITY OVERNIGHT**  
**RES**

**400069**

**00 BOMCL**

**-IN BOM**



ORIGIN ID:KTUA 9876543210

Santos

rShipper

cdsxyz sdcxyz csd

Kota, DE 324001  
INDIA, IN

Ship Date: 03JUL17

ActWgt: 1.00 LB

CAD: 100281503/WSX13100

Dim: 1x1x1 IN

BILL SENDER

EIN/VAT:

TO Santos

9876543210

rShipper

cdsxyz sdcxyz csd

\*\*TEST LABEL - DO NOT SHIP\*\*

Mumbai, BO 400069

(IN)



J171117021401uv



TRK# 7946 0367 9970

Form  
0467

00 BOMCL

RES  
PKG TYPE: CUSTOMER

PRIORITY OVERNIGHT

REF:

DESC1:Book

DESC3:

DESC4:

Shipper VAT/ST/TIN:

Recipient VAT/ST/TIN:

INVOICE VALUE: 1000.00 INR

ORIGIN ID:KTUA 9876543210

Santos

rShipper

cdsxyz sdcxyz csd

Kota, DE 324001  
INDIA, IN

Ship Date: 03JUL17

ActWgt: 1.00 LB

CAD: 100281503/WSX13100

Dim: 1x1x1 IN

BILL SENDER

EIN/VAT:

TO Santos

9876543210

rShipper

cdsxyz sdcxyz csd

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Mumbai, BO 400069

(IN)



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EIN/VAT:

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9876543210

rShipper

cdsxyz sdcxyz csd

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