#### TAX INVOICE

Invoice No. e-Way Bill No. Dated Alpha Steel 641260013090 23-Jan-21 TI/BVN/1953 104, The Grand Apurva, Nr. Hotel Fortune Palace, Nr. Digjam Circle, Delivery Note Mode/Terms of Payment Aerodrome Road, Jamnagar 10 DAY Other References GSTIN/UIN: 24AAMCS8473N1ZI Reference No. & Date. State Name: Gujarat, Code: 24 RAKESH BHAI Contact: 0288-2713956/57/58,9023726215 / 16 Buyer's Order No. Dated E-Mail: kapil@aaplautomation.com BY PHONE 23-Jan-21 Buyer (Bill to) Dispatch Doc No. Delivery Note Date GAJENDRA STEEL TI/BVN/1953 NEAR PRABHAT MILL, Destination Dispatched through PANCHASAR ROAD, PARTY SELF TRANSPORT MORBI MORBI Bill of Lading/LR-RR No. Motor Vehicle No. GSTIN/UIN : 24AAIFG0955A1ZW 0 dt. 23-Jan-21 GJ04V7232 State Name : Gujarat, Code : 24 Terms of Delivery

TO PAY

SI	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	HR COIL / PLATE - 72085230 (MIX SIZE)	72085230	3.450 MTS.	59,206.00	MTS.	2,04,260.70
	CGST SGST TCS 0.075 % ROUND OFF +/-				%	18,383.00 18,383.00 181.00 2,41,207.70 0.30
ż	Total		3.450 MTS.	<u> </u>		2,41,208.00₹

Amount Chargeable (in words)

D edaration

E. & O.E

#### Two Lakh Forty One Thousand Two Hundred Eight INR Only

HSN/SAC	Taxable	Central Tax		St	ate Tax	Total
	Value	Rate	Amount	Rate	Amount	Tax Amount
72085230	2,04,260.70	9%	18,383.00	9%	18,383.00	36,766.00
Total	2,04,260.70		18,383.00		18,383.00	36,766.00

Bank Name

Tax Amount (in words): Thirty Six Thousand Seven Hundred Sixty Six INR Only

Company's PAN : AAMCS8473N

Company's Bank Details

We declare that this invoice shows the actual price of the

: 30709607858

Branch & IFS Code : DIWANPARA BRANCH & SBIN0063762

goods described and that all particulars are true and correct.

for Alpha Steel

: SBI CASH CREDIT A/C. 30709607858

Authorised Signatory

This is a Computer Generated Invoice

IRN : d3e97bb23242ff072f7fdaef9ec8be2eb78c983f3b917b441-

52c39c57b16dfd5

Ack No. : 162110310147375

Subject to Bhavnagar Jurisdiction. This is a Computer Generated Invoice.

Ack Date : 23-Jan-21

Terms and conditions:



### **COMMERCIAL INVOICE**

Invoice	Number:			AWB Number:							
SHIPPEI Company Address:				RECEIV Compa Address							
City:				City:		State/Province					
Country:				Country	r:	States 104miles					
Contact	Person:				t Person:						
Tel:		Fax:		Tel:							
Email:				Email:							
VAT Nur	nber:			Tax ID	Number:						
IMPORT	OF RECORD	D:									
(if difference) Company	ent from the y Name:	Receiver)									
Address:											
City:		State/Province:									
Country:											
Contact I	Person:										
Tel:		Fax:									
Email:		IRS Number:									
No. of Pieces	Description	of Goods		Country of Origin	Quantity	Unit Value in US\$	Total Value				
				or origin							
Reason fo	or Export:				Total weight	:					
Terms of	Delivery:		⊠ c	DDU							
Type of E	xport:	□ Permanent	□ 1	emporary							
Authoriza	ition										
I/we hereb	by certify that	the information on thi stated above.	is in	voice is true	and correct an	d that the conter	nts				
o											
Signature:				Date:							

#### COMMERCIAL INVOICE

Page 2 of 2

(Authorized)

Invoice Number Scheduled Ship Date Invoice Date Org ID 5650-2025-00002456 03-APR-2025 03-APR-2025 R026/FGI-5650 Refer Packing List for Pallet detail Additional Notes: This is an electronic generated document, no signature required EXPORT NOTICE: These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. government or as otherwise authorized by U.S. law and regulations. CLASSIFICATION DISCLAIMER: SanDisk provides product classification information as is and without warranty or regard for any user data on or other modifications to the relevant item. As an exporter/importer of record, you or your company are responsible for the correct classification of the items and abiding by the import/export regulations. CERTIFIED TRUE AND CORRECT RECEIVED BY

(Authorized)

# Sample Commercial Invoice



Date of Exp 02.07.02	ort:				ort Refere order no., 74		no., etc.):			
John Smith			me and address):	Recipient (complete name and address): Jane Yarwood						
The Studio 184 London				nputer Lab 5 Oakland						
		a ester LE3 6HD								
VAT No. 43				Interstate Industrial Park Memphis, US TN 38200						
Country of e	export				orter - if ot nplete nan					
Country of r	manuf	acture:			Above	ic and a	durcss).			
As above										
USA ´		te destination:								
Federal Exp 400-7604-7		International A	ir Waybill No.:	Currency: Euro						
Marks/Nos	l	Type of packaging	Full Description of goods	Qty		Weight	Unit Value	Total Value		
1 of 1	Ĭ	Brown Package	Camera-ready Artwork (For printing in USA.)	1	kg	2.5		125 EUR		
	Total					Total		Total		
	No. of					Weight		Invoice Value		
	Pkgs					2.5		125 EUR		
	'					2.0		120 LUK		
			tained in this invoice to be true and co	rrec				Tick		
Signature of J Smith, De			ype name and title and sign) Date: 02.07.02					✓FOB		
					-			□c&F		
								_CIF		

## COMMERCIAL INVOICE

@Shipper/Seller	KRGILTRA159SBO	⑦Invoice No. and date 8905 BK 1007 MAY, 20, 2007						
GILDING TRADING CO., L' 159, SAMSUNG-DONG, KA		®L/C No, and date						
SEOUL, KOREA	NGNAMERO,	55352 APR, 25, 2007						
② Consignee MONARCH PRODUCTS C 5200 ANTHONY WAVUE DETROIT, MICHIGAN 482 U, S, A	DŘ,	®Buyer(if other than consignee) MONARCH PRODUCTS CO., LTD. 5200 ANTHONY WAVUE DR. DETROIT, MICHIGAN 48203 U. S. A						
		Other references COUNTRY OF ORIGIN: REPUBLIC OF KOREA						
③Departure date MAY, 20, 2007								
	KOREA	Terms of delivery and payment F.O.B BUSAN						
®To DETROIT, U.S.A		C/CATSIGHT						
@Shipping Marks   @No,8kind of p	edvages 🗓 Good	ods description						
MON/T 420 DP X 4200 DETROIT MATERIAL LOT NO AS PER MON C/NO,1-53 INDENT NO. 1 MADE IN KOREA	ARCH PRODUCTS	N OXFORD 60,000M US\$1,00/M US\$60,000 1208.06KGS.						
		Signed by						

### **Commercial Invoice**

EXPORT	ER:					Inv	oice C	Date:					
Contact N	Name: P	on				201	18/08/2	21					
Telephone No.: 1234567890						Air	Air Waybill No./Tracking No.:						
Email: tes	st@test.c	om											
Company Name/Address:							Invoice No.: Purchase Order No.:						
Thilagan								*******		THE RESIDENCE OF THE PROPERTY OF			
4-21, Erur	nbukadu					(6.33)		f Trade:		Bill of Lading:			
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						10000		number:					
NAGERO	OIL Tam	il Nadu 629	004			Co	ntract	Date:					
Country:													
CONSIGN	1000000					so	LD TO	/ IMPORTE	R (if different from	Consignee):			
Contact N	Name: th	nilak thilak				100		ne as CONS					
Telephon	e No.: 1	234567890				1827		ne as CONS	IGNEE.				
E-Mail:						Tax	x ID#:						
Company	Name/A	ddress:				Cor	mpan	y Name/Add	ress:				
9.8							(9)						
23 jardin p	orivate					23	jardin	private					
						8058		1000000					
Ottawa K	KAT3					0#	awa K	1K4T3					
Country:							untry:						
If there is	a designa	ated broker fo	or this ship	ment, please p	rovide conta	ct informatio	on.						
Name of	Broker				Tel.No.				Contact Nam	е			
Duties an	aaveT h	Payable by	□ E	porter C	onsignee	Other	16	Other, plea	se specify				
	Product		Unit of		onsignee		Ť	Other, pice	Country of	Uni	,	Total	
Packages	100000000000000000000000000000000000000		Measure	Des	scription of	Goods		HS Tariff	Manufacture		96	Value	
1	4	10.00	KG	Hummingbird olor : White	d printed t-s	hirt - Size :	: \$-		24		19.12	76.48	
Total Pkgs	Total Units	Total Net ( Weight L			(Indicate LB/KG)	) 				Subtotal:		76.48	
1	4	40.000	KG	40.000	KG					Insurance	:	0.00	
Declaration	n Statem	nent(s):								Other:		0.00	
										Discount:		0.00	
I declare t	hat all th	e information	n containe	d in this invoice	to be true a	and correct.	8			Invoice To	otal:	76.48	
Originator	r or Name	of Company	y Represe	ntative if the inv	oice is bein	g completed	d on b	ehalf of a co	mpany or individual	: Currency	Code:	USD	
Signature	/ Title /	Date:									Sir.		

		CO	ΜN	/IERC	IΑ	LINV	OICE					
Date						Invoice No						
Exporter Address City/State/ZiP Code Country Phone/Fax Contact Person						Consignee Address City/State/ZIP Code Country Phone/Fax Contact Person						
Tax ID No (EIN)	Total Gross V	Veight	Trans	portation		Tax ID No (EIN)		Terms of Sale:				
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Commodity D	Commodity Description HS Count Manuf					Qty	UOM	Unit Price	Total Amount			
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and correct.	220					Total Invoi	ROUGH CORNERS					
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111-111	Example Product				100	EACH		19,95	1995,00	
222-222	Another Example P:	roduct			100	EACH		20,95	2095,00	
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I declare all inform	ation contained on this invoice to be true:	and correct								

President

TITLE

SIGNATURE

⊙Copyright2000, Diversite hCo., AllRights Reserved.

Date Here

DATE