INVOICE

DATE: _____
INV NO: _____
PAGE: _____
SHIP DATE: _____

CONSIGNEE	BILL-TO

SHIPMENT INFORMATION

Customer PO No:	Letter of Credit No:	Mode of Transport:
Reference No:	Currency:	Number of Packages:
Country of Destination:	Payment Terms:	Gross Weight (kgs):
Related Transaction:	Incoterms:	Origin of Goods:

ITEM NUMBER	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	TOTAL PRICE

Subtotal:
Subtotal Other Pages:
Shipping & Handling:
Insurance:
Other:
Totals:

I declare all information contained on this invoice to be true and correct.

SIGNATURE _____ TITLE _____ DATE _____

Print Form Reset Form