PRO FORMA INVOICE TEMPLATE

Company Name
123 Main Street
Hamilton, OH 44416
(321) 456-7890
Email Address

DATE	EXPIRATION DATE
Tuesday, May 22, 2018	Sunday, July 22, 2018
INVOICE NO.	**CUSTOMER ID**
100001	A234Z1
TERMS OF SALE	
Payment due upon receipt	

CUSTOMER

FULL NAME: Name
ADDRESS: Address
ADDRESS: Address
ADDRESS: Address
ADDRESS: Address
TELEPHONE: +81 010 0112716677
BUSINESS REGISTRATION NO.: 111-22-3333
(Customs / Tax ID No. e.g. GST / RFC/ VAT / IN / EIN / ABN / SSN, or as locally required)

SHIP TO

FULL NAME: Name
ADDRESS: Address
ADDRESS: Address
ADDRESS: Address
ADDRESS: Address
TELEPHONE: +81 010 0112716677
BUSINESS REGISTRATION NO.: 111-22-3333
(Customs / Tax ID No. e.g. GST / RFC/ VAT / IN / EIN / ABN / SSN, or as locally required)

SHIPPING DETAILS

FREIGHT TYPE	PKG TOTAL	PKG TOTAL	PKG TOTAL	PKG TOTAL
Air / Sea	5/22/2016	20 lb	33 lb	6

ITEM NO.	UNIT OF MEASURE	FULL DESCRIPTION OF GOODS	QTY	UNIT VALUE	TOTAL VALUE
A123	LB	Item Description	5	500.00	2,600.00
B456	LB	Item Description	4	50.00	210.00
C789	LB	Item Description	6	100.00	620.00
					0.00
					0.00
					0.00
					0.00
					0.00

Remarks / Instructions:

SUBTOTAL		3,495.00
TAX	3.80%	132.81
FREIGHT COST		40.00
INSURANCE COST		40.00
ADDITIONAL		0.00
TOTAL INVOICE VALUE		**3,707.81**

These commodities, technology or software were exported from the United States in accordance with the Export Administration regulations.
Diversion contrary to US Law Prohibited.

COUNTRY OF EXPORT	EMBARKATION PORT
United States of America	(name)
PURPOSE OF EXPORT (personal gift, return for repair, etc.)	**DISCHARGE PORT**
Order fulfillment	(name)

I hereby certify that this invoice shows the actual price of goods described, that no other invoice has been issued, and that all particulars are true and correct.

COMPANY NAME (PRINT)	MANAGER NAME (PRINT)
DATE	MANAGER SIGNATURE

For questions concerning this packing slip please contact
Name, (321) 456-7890, Email Address

www.yourwebaddress.com