

Invoice

FROM Contact Name: Phone:	Waybill Number: Shipment ID: Invoice No: Date: PO No: Terms of Sale (Incoterm): Reason for Export: RETURNS
SHIP TO Tax ID/VAT No: Contact Name: Phone:	SOLD TO INFORMATION Tax ID/VAT No: Contact Name: Phone:

Units	U/M	Description of Goods/Part No.	Harm. Code	C/O	Unit Value	Total Value
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Additional Comments:**Declaration Statement:**

Shipper	Date

Invoice Line Total: Discount/Rebate: Invoice Sub-Total: Freight: Insurance: Other: Total Invoice Amount:	
Total Number of Packages: Total Weight:	Currency: