

International Shipping Invoice

From (Exporter):

Company Name: _____
Address: _____
City, Country: _____
Phone: _____
Email: _____
Invoice No: _____
Date: _____
Country of Origin: _____

To (Consignee):

Company/Name: _____
Address: _____
City, Country: _____
Phone: _____
Email: _____
Port of Loading: _____
Port of Discharge: _____

Description of Goods:

#	Description	HS Code	Quantity	Unit	Unit Value	Total Value	Currency
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____

Subtotal _____
Freight _____
Insurance _____
Total Invoice Value _____

Additional Information:

Incoterms: _____
Payment Terms: _____
Remarks: _____

Authorized Signature:

Name: _____
Date: _____

Thank you for your business.

