

# INVOICE

## FROM

Tax ID:	<input type="text"/>	Waybill #:	<input type="text"/>
Contact name:	<input type="text"/>	Invoice #:	<input type="text"/>
Address:	<input type="text"/>	Date:	<input type="text"/>
		PO #:	<input type="text"/>
		Terms of sale (Incoterm):	<input type="text"/>
		Reason for export:	<input type="text"/>
Phone:	<input type="text"/>		

## SHIP TO

Tax ID:	<input type="text"/>	SOLD TO INFORMATION	Tax ID:	<input type="text"/>
Contact name:	<input type="text"/>	Contact name:	<input type="text"/>	
Address:	<input type="text"/>	Address:	<input type="text"/>	
Phone:	<input type="text"/>	Phone:	<input type="text"/>	

Units	<input type="text"/>		
U/M	<input type="text"/>		
Description of Goods	<input type="text"/>		
Harm. code	<input type="text"/>	<input type="text"/>	<input type="text"/>
C/O	<input type="text"/>		
Unit value	<input type="text"/>		
Total value	<input type="text"/>		

Additional comments:

Declaration statement:	Invoice line total:	<input type="text"/>
<input type="text"/>	Discount/Rebate:	<input type="text"/>
	Invoice sub-total:	<input type="text"/>
	Freight:	<input type="text"/>
	Insurance:	<input type="text"/>
	Other:	<input type="text"/>
	Total invoice amount:	<input type="text"/>
Shipper: <input type="text"/>	Total No. of packages:	<input type="text"/>
Date: <input type="text"/>	Currency code:	<input type="text"/>
	Total weight (KGs):	<input type="text"/>