Shipping Invoice

# COMPANY NAME, PVT LTD

Company address, city state zip Company phone, fax, contact info.

# INVOICE

**SHIPPING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Invoice No.** |  | Date | Bill of Loading No |  |  |
| Name |  | Destination |  |  |
| Address |  | Cont Type |  |  |
| City, ST ZIP |  | Vessel/Voyage |  |  |
| Country |  | Port of Loading |  |  |
| Phone |  | No. of Pkgs |  |  |
| Email |  | Gross/Net weight |  |  |
|  | Ex. Rate |  |  |
| **#** | **Description** | **Quantity** | **Unit Price** | **Total** |
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|  |  |  |  |  |
| SUBTOTAL |  |
| Service Tax. % |  |
| **TOTAL** |  |
| **PAID** |  |
| **TOTAL DUE** |  |

**NOTES:**