

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:**