EXPORTER / SHIPPER (Name, Address, Contact, Tax ID)	COMMERCIAL INVOICE	
	INVOICE NO.	DATE
	CUSTOMER P.O. NO.	B/L / AWB NO.

CONSIGNEE / IMPORTER (Name, Address, Contact, Tax ID)	NOTIFY PARTY (Name, Address, Contact)

COUNTRY OF ORIGIN	COUNTRY OF DESTINATION	PORT OF LOADING	PORT OF DISCHARGE
MODE OF TRANSPORT	VESSEL / VOYAGE NO.	INCOTERMS (Delivery Terms)	TERMS OF PAYMENT

MARKS & NOS. / CONTAINER NO.	HS CODE	DESCRIPTION OF MERCHANDISE	QTY	UOM	NET WEIGHT (KGS)	GROSS WEIGHT (KGS)	UNIT PRICE	TOTAL AMOUNT
		TOTALS						

CURRENCY:	SUBTOTAL	
TOTAL PACKAGES / COLLI:	FREIGHT CHARGES	
TOTAL VOLUME (CBM):	INSURANCE	
	TOTAL INVOICE VALUE	

EXPORTER'S DECLARATION:
We hereby declare that this invoice shows the actual price of the goods described, that no other invoice has been or will be issued, and that all particulars are true and correct.

Date: _____
Authorized Signature / Company Stamp

_____