Shipping Invoice

COMPANY NAME, PVT LTD

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

SHIPPING INVOICE

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
			SUBTOTAL	
			Service Tax. %	
			TOTAL	
			PAID	
			TOTAL DUE	

NOTES: