

Business Name

Street Address

City, ST ZIP Code

[Phone Number, Web Address, etc.](#)

InvoicingTemplae.com

PRO FORMA INVOICE

DATE:

INVOICE #:

DATE OF EXPIRY:

CUSTOMER #:

SALES REP. NAME:

BILL TO	SHIP TO
Name Address City, State ZIP Country Phone	Name Address City, State ZIP Country Contact

SHIPPING DETAILS	
P.O.# P.O. Date Letter of Credit Currency Payment Term Est. Ship Date	Mode of Transportation Transportation Terms Number of Packages Est. Gross Weight Est Net Weight Carrier

ITEM #	TAX	DESCRIPTION	UNIT OF MEASURE	QUANTITY	UNIT PRICE	LINE TOTAL
	<input type="checkbox"/> 1					
	<input type="checkbox"/> 2					
	<input type="checkbox"/> 3					
	<input type="checkbox"/> 4					
	<input type="checkbox"/> 5					
	<input type="checkbox"/> 6					
	<input type="checkbox"/> 7					
	<input type="checkbox"/> 8					

*** This is not a VAT invoice

SUBTOTAL	-
TAXABLE SUBTOTAL	-
TAX 1 8.000%	-
TAX 2 6.000%	-
SHIPPING & HANDLING	-
INSURANCE	-
LEGAL/CONSULAR	-
[other]	-
[other]	-
TOTAL	-

Special Notes, Terms of Sale