**PRO FORMA INVOICE TEMPLATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name |  | DATE | EXP. DATE | TERMS OF SALE | PROFORMAINVOICE |
| 123 Main Street | (321) 456-7890 |  |  |  |   |
| Hamilton, OH 44416 | Email Address |  | INVOICE NO. | CUSTOMER ID |
| CUSTOMER |  |  |  |
| FULL NAME |   |  | ITEM NO.  | UNIT OF MEAS. | FULL DESCRIPTION OF GOODS | QTY | UNIT VALUE | TOTAL VALUE |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| TELEPHONE  |   |  |   |   |   |   |   |   |
| BUS. REG. NO.  |   |  |   |   |   |   |   |   |
| (Customs/Tax ID No. e.g. GST/RFC/VAT/IN/EIN/ABN/SSN, or as locally required) |  |   |   |   |   |   |   |
| SHIP TO |  |   |   |   |   |   |   |
| FULL NAME |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |   |   |
| TELEPHONE  |   |  |   |   |   |   |   |   |
| BUS. REG. NO.  |   |  |  |  |  | **QTY TOTAL** |  | **VALUE TOTAL** |
| (Customs/Tax ID No. e.g. GST/RFC/VAT/IN/EIN/ABN/SSN, or as locally required)  |  |  |  |  |  |  |  |
| SHIPMENT INFORMATION |  | Remarks / Instructions:  | **FREIGHT** |   |
| P.O. NO.  |   |  |  | **INSURANCE** |   |
| P.O. DATE |   |  | **OTHER** |   |
| LETTER OF CREDIT NO. |   |  | **TOTAL** |  |
| CURRENCY |   |  | *These commodities, technology or software were exported from the United States in accordance with the Export Administration regulations. Diversion contrary to US Law Prohibited.*  |
| ESTIMATED SHIP DATE |   |  | I hereby certify that this invoice shows the actual price of goods described, that no other invoice has been issued, and that all particulars are true and correct. |
| MODE OF TRANS. |   |  |  |  |  |  |  |  |
| TRANS. TERMS |   |  |  | EXPORTER |  |  |  |  |
| NO. OF PACKAGES |   |  |  | (PRINT) |  |  |  |
| EST. GROSS WEIGHT |   |  |  |  |  |  |  |  |
| EST. NET WEIGHT |   |  |  | EXPORTER |  |  |  |  |
| CARRIER |   |  |  | (SIGNATURE) |  |  |  |
| ADDITIONAL CUSTOMS INFO |  |  |  |  |  |  |  |
| REASON FOR EXPORT |   |  |  | DATE |   |  |  |  |
| PORT OF EMBARKATION |   |  |  |  |  |  |  |  |
| COUNTRY OF ORIGIN |   |  | *For questions concerning this invoice, please contact* |
| PORT OF DISCHARGE |   |  | Name, (321) 456-7890, Email Address |
| AWB / BL NO.  |   |  | www.yourwebaddress.com |

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