

**PROFORMA INVOICE**

IF FOREIGN GOODS IN SAME CONDITION AS IMPORTED GIVE COUNTRY OF ORIGIN  
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EXPORTER (NAME AND ADDRESS)				Customs Clearance by:		REFERENCE #	
ULTIMATE CONSIGNEE (NAME AND ADDRESS)				SPECIAL INSTRUCTIONS		PAGE of PAGES	
BUYER, IF OTHER THAN CONSIGNEE						EXPORTED FROM ( COUNTRY/PROVINCE)	
SHIPPING DATE    INVOICE DATE    DATE OF SALE    CURRENCY				DESTINATION ( COUNTRY/STATE)		TERMS OF SALE - DELIVERY - ETC. <input type="checkbox"/> Ex factory <input type="checkbox"/> At destination <input type="checkbox"/> Other or Bill Customs charges to : <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Other or Payable in _____ Funds Parties to this transaction are : <input type="checkbox"/> Related <input type="checkbox"/> Not Related Country of origin : <input type="checkbox"/> Canada <input type="checkbox"/> US returned goods <input type="checkbox"/> Other	
LOCAL CARRIER				ITEM #			
EXPORTING CARRIER				UN #		GROSS WEIGHT AND CUBAGE	
DECLARED VALUE FOR CARRIAGE				MARKS AND NUMBERS, NUMBER AND KINDS OF PACKAGES, DESCRIPTION OF SHIPMENT			
MERCHANDISE    Temperature controlled <input type="checkbox"/> Hazardous <input type="checkbox"/>				NET WEIGHT		TOTAL	
	PACKAGES	PRODUCT # AND DESCRIPTION	HS NUMBER	QUANTITY	UNIT PRICE		

ABOVE PRICES INCLUDE:    Duty     Brokerage     Freight

DECLARATION	DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceed \$1000.00). I _____ declare that the articles herein specified are to the best of my knowledge and belief, the growth, produce or manufacture of the United States: That they were exported from the United States from the port of _____ on or about _____ 20 ____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. SHIPPER _____ SIGNATURE _____ date signed _____
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QPROINVE 01.03.29 REV.00	MODE OF TRANSPORTATION FROM POINT OF EXIT Road <input type="checkbox"/> Rail <input type="checkbox"/> Ocean <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (loan, repair, processing, etc.)																			
	EXPORT PERMIT #	TOTAL Freight charges																				
	CONTAINERIZED    Yes <input type="checkbox"/> No <input type="checkbox"/>		THIRD PARTY BILLING (FREIGHT)																			
	INSURANCE <input type="checkbox"/> Declared value																					
	FREIGHT    Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>																					
	US PORT OF ENTRY		TERMS OF PAYMENT    C.O.D. <input type="checkbox"/> OR <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 25%;">PACKAGING</td> <td style="width: 25%;"></td> <td style="width: 25%;">MISC. TRANSPORT</td> <td style="width: 25%;"></td> </tr> <tr> <td>OCEAN OR INTL FREIGHT</td> <td></td> <td>COMMISSION</td> <td></td> </tr> <tr> <td>DOMICILE FRT CHARGES</td> <td></td> <td>CONTAINER</td> <td></td> </tr> <tr> <td>INSURANCE</td> <td></td> <td>ASSISTS</td> <td></td> </tr> </table>				PACKAGING		MISC. TRANSPORT		OCEAN OR INTL FREIGHT		COMMISSION		DOMICILE FRT CHARGES		CONTAINER		INSURANCE		ASSISTS	
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE																						
Shipper Signature _____ Date _____																						
Status: <input type="checkbox"/> Owner <input type="checkbox"/> Agent																						
INVOICE TOTAL																						