

SHIPPING INVOICE PROFORMA

[Company Name]

Invoice #:	
Issue Date:	
Due Date:	
Tax Rate	

Shipping Details
[Shipping Date]
[Shipping Address]
[Consignment #]

From
[PA's Name]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

Ship To
[Company Name]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

S No	Description	Unit	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

<p>Terms & Conditions:</p> <ul style="list-style-type: none"> * The quick brown fox jumped upon a lazy dog * The quick brown fox jumped upon a lazy dog. * The quick brown fox jumped upon a lazy dog. * The quick brown fox jumped upon a lazy dog
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Subtotal	
Tax	
Shipping	
Invoice Total	