

Shipper/Exporter

**[Business Name]**

[Business Address 1]

[City], [State] [Postal Code]

[Business Phone Number]

[Business Email Address]

# Invoice

**Consignee** [Client Name ]  
[Client Address line 1]  
[City], [State] [Postal code]

**Invoice Number** 2001321  
**Date** 2/27/2020

**Customer PO No.**  
**Country of Origin**  
**B/L / AWB No.**  
**Final Destination**  
**Export Route / Carrier**  
**No. of Packages**  
**Total Gross Weight**  
**Terms of Payment**

Description	Quantity	Unit price	Amount
Product	11	Rs. 100	Rs. 1,100
Freight	1	Rs. 10	Rs. 10
Insurance	1	Rs. 100	Rs. 100
<b>Total</b>			Rs. 1,210

Notes