[Your Company Name]

[Address Line 1]
[Address Line 2]
[City, State, ZIP]
[Country]
[Phone] | [Email]

Proforma Invoice

Proforma No: [XX-YYYY]
Date: [YYYY-MM-DD]
Expiry Date: [YYYY-MM-DD]

Bill To:

[Client Name]
[Company Name]
[Client Address Line 1]
[Client Address Line 2]
[City, State, ZIP]
[Country]

Ship To:

[Recipient Name]
[Company Name]
[Shipping Address Line 1]
[Shipping Address Line 2]
[City, State, ZIP]
[Country]

No.	Description	HS Code	Quantity	Unit	Unit Price	Total
1	Sample Product Name	[HS CODE]	[Qty]	[Unit]	[Unit Price]	[Amount]
2	Sample Product Name	[HS CODE]	[Qty]	[Unit]	[Unit Price]	[Amount]

Subtotal	[Subtotal Amount]
Shipping	[Shipping Amount]
Insurance	[Insurance Amount]
Other Charges	[Other Charges]
Total	**[Total Amount]**

Incoterms: [EXW/FCA/FOB/CFR/CIF, etc.] - [Port/Location]
Payment Terms: [E.g., Advance Payment, Letter of Credit, etc.]
Delivery Time: [E.g., 30 days from receipt of payment]
Bank Details: [Bank Name, Account No., SWIFT, Beneficiary, etc.]
Authorized Signature: _____

This is a proforma invoice and not a demand for payment. Valid until the expiry date listed above.