# Commercial Invoice

Date Consignment Number

| **From** | |
|---|---|
| Shipper | |
| Address | |
| | |
| | |
| Contact | |
| Phone | |
| Fax | |

| **To** | |
|---|---|
| Receiver | |
| Address | |
| | |
| | |
| Contact | |
| Phone | |
| Fax | |

| **Detailed Description** | **HS Tariff Code** | **Country of Origin** | **# Units** | **Unit Value** | **Total Value** |
|---|---|---|---|---|---|
| | | | | | |
| | | | | Freight Charges | |
| | | | | **Total** | |

| | |
|---|---|
| Currency Used | |
| Reason for Export | |
| ITN, B13 Proof of Report Number (if applicable) | |
| Receiver Tax ID # | |
| Other: | |

I certify that the above is true and correct:

| | | |
|---|---|---|
| | | |
| Signature | Title | Date |