

# Commercial Invoice

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From:		Date:	
		Tracking No.:	
		<input type="checkbox"/> Prepaid	<input type="checkbox"/> Collect
		Terms:	
To:			
QTY	Description	H.S. Number	Total Cost
I hereby certify this invoice to be true and correct.  _____ Name of Shipper  _____ Date		Subtotal:	
		Handling	
		Freight:	
		Misc:	
		Total:	