

From:	Date:
	Tracking No.:
	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
	Terms:

To:	
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QTY	Description	H.S. Number	Total Cost

<p>I hereby certify this invoice to be true and correct.</p> <hr/> <p>Name of Shipper</p> <hr/> <p style="text-align: right;">Date</p>	Subtotal:	
	Handling	
	Freight:	
	Misc:	
	Total:	