

PROFORMA INVOICE SHOULD BE COMPLETED FOR DELIVERY OF NON COMMERCIAL
GOODS (NOT FOR SALE AND LESS THAN 1000 USD INCLUDING TRANSPORTATION)
PRINT PROFORMA INVOICE ON CONSIGNORS LETTERHEAD SHOWING LEGAL ADDRESS
ORIGINAL PROFORMA INVOICE SHOULD BE SUBMITTED (NOT A COPY)
ALL GREY FIELDS MUST BE COMPLETED

PROFORMA INVOICE

Date Insert date of proforma invoice

<p>Ship to (no private individuals): Put delivery address of consignee/receiver (where the Goods should be delivered to after Clearance as per airwaybill) Russia</p> <p>Contact person: First name and family name of contact person at consignee/receivers company</p> <p>Phone: Phone number of contact person at consignee/receivers company for clearance and delivery</p>	<p>Delivered under: If an agreement of free of charge delivery is signed by parties (shipper/receiver) put number and date of this agreement, leave blank if no such agreement is in place</p>
--	---

No. item	Description	Country of origin	Net weight/kg	HS Code	Qty (pieces)	Unit price, USD (for customs purposes only)	Total price, USD (for customs purposes only)
1.	PUT FULL DETAILED DESCRIPTION OF THE GOODS: PURPOSE OF USE; MATERIAL; TRADE MARK; model/part number/serial number/article/technical parameters/chemical composition	COUNTRY OF ORIGIN NAME OF MANUFACTURER (if available)	Indicate net weight per each line/position	Put HS code per each item if available	Indicate quantity per each line/position	Insert retail value. Attach proof of value if available: e.g. 1) pricelist or 2) printout from internet or 3) receipt, catalogue etc	Insert Total retail value
2.							
Total price, USD							Total goods value

FREE OF CHARGE DELIVERY REASON FOR EXPORT:	Put reason for export under free of charge delivery condition (e.g. gift/samples for marketing/samples for testing)
Insurance cost, USD:	Put Insurance amount as per Insurance certificate if goods insured;
Total invoice value, USD	Put total amount: total price, insurance amount (if goods insured)

Gross Weight, kg (total):	total gross weight of the shipment (should match weight on airwaybill)
---------------------------	--

Signed by:	Authorized representative of consignor/shipper must put his signature here and a stamp of consignor/shippers company (if available)
------------	---