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

|  |  |
| --- | --- |
| **Ship to (no private individuals):**  Put delivery address of consignee/receiver (where the Goods should be delivered to after Clearance as per airwaybill)  Russia  **Contact person:**  First name and family name of contact person at consignee/receivers company  **Phone:**  Phone number of contact person at consignee/receivers company for clearance and delivery | **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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) |