

PROFORMA INVOICE

Sent by:	Sent to:
Name	Name
Adress	Adress
City/Postal code	City/Postal code
Country	Country
Tel.no.	Tel.no.
Fax.no	Fax.no
Org. No.VAT	Org. No.VAT

No. of parcels/items:	Total gross weight:	Total net weight:

Quantity	Full description of goods	Costums commodity code no.	Country of Origin	Price per unit	Total value and Currency
Total Value and Currency					

Reason for Export		
Gift		Exhibitions/Show
For Repair		Other:
For Return		

Declaration of Origin
 The Exporter of the products covered by this document (Aut. No. _____) declares that except where otherwise clearly indicated, these products are of EEA preferential origin.

Place	Date	Signature	Name in capital letters