

Shipping Service Invoice

Date:

Invoice #:

Sender Details

Name	<input type="text"/>
Address	<input type="text"/>
Contact	<input type="text"/>

Recipient Details

Name	<input type="text"/>
Address	<input type="text"/>
Contact	<input type="text"/>

Shipment Information

Description	Weight (kg)	Qty	Unit Price	Amount
<input type="text"/>				

Subtotal	<input type="text"/>
Tax	<input type="text"/>
Total	<input type="text"/>

Notes