	CITY-LINK Consignment#					
FROM: SHIPPER DETAILS	TO: CONSIGNEE DETAILS					
Name	Name					
Address Line-1	Address Line-1					
Address Line-2	Address Line-2					
City / Town	City / Town					
State Postcode	State Postcode					
Country	Country					
Phone#	Phone#					
Contact Name	Contact Name					

No.	Description	Currency				
		HS Code	Qı	uantity	Unit Price	Amount
				Total A	mount	

Merchandise	Gift	Sample		
Document	Lost & Found	Personal Effects		
Country of Origin				
			_	
			Name	
I I declare all the information contained in this invoice to be true and correct.		s invoice to	Designation	
			Date	