

# Sample Invoice

# ANNEX B

Name of Service Provider

SOCIAL SECURITY SYSTEM

INV_NO	INV_DATE	AWB/CN#	PICK UP DATE	TRAN DATE	ORIG	DEST	SVC ARE A	PKG CODE	QUANTI	LENGTH	WIDTH	HEIGHT	WEIGHT	TOTAL WT(ACT UAL)	EQUIV LKWH/ABLE WT \$000	CHARGE	NEW TOTAL CHARGE	CNEE NAME	ATTACHMENTS	DESCRIPTION	CNEE STREET
IN0000279735DDM	23-Jun-21	A01842231	5-Jun-21	7-Jun-21	MNL	MNL	SA	UPS	1.00	1.30	1.00	1.00	1.00	1.00	0.00	1.00	2,211.40	EMBASSY OF THE PHLS - KUWAIT 3HEL OVERSEAS LABOR OFFICE DXB	A01842231A01 842221D00CUME NTS ONLY A01842231A01 842221D00CUME NTS ONLY	12A6573204 78905096 133 STREET 304 555 REP. OFFICE 35 BEIRUT 12A6573204 78841502	555 REP OFFICE 7TH FIR,BLDG 555 REP. OFFICE
IN0000279735DDM	23-Jun-21	A01842231	5-Jun-21	7-Jun-21	MNL	MNL	SA	UPS	1.00	1.30	1.00	1.00	2.00	2.00	0.00	2.00	3,006.85				STREETEXTENSI
<b>TOTAL:</b>																					

Prepared By:

Certified Correct By:

Approved By: