

COMMERCIAL INVOICE / PACKING LIST



CONSIGNEE :

SHIPPER :

Attn :

Attn :

Contact No :

Tel :

COMM INV. NO.:	PURCHASE ORDER (PO):	C.O.O

Method of Shipment	Air Waybill Number	Term

Box No.	Qty	Part Number	Description	Serial No.	Value

Remark:					
<input type="checkbox"/>	CORE RETURN, C1		<input type="checkbox"/>	REPAIR & RETURN, C2	
VALUE IS FOR CUSTOMS PURPOSE ONLY					Total Value

Dimensions (cm)			Gross Weight (KGS)	Crate No.
L	W	H		

Estimated Gross Weight:	Total Number of Package:
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** I hereby certify that the information on this commercial invoice is true and the content of this shipment is as stated above.*

Note:

Any discrepancies and/or claims must be lodged with Galaxy Aerospace (M) Sdn Bhd within 7 days upon date of received. Regretfully claims made after 7 days will not be entertained

Shipper by	Received by
Signature :	Signature :
Name :	Name :
Date :	Date :

GAM/E-087 COMMERCIAL INVOICE/PACKING LIST INSTRUCTIONS

CONSIGNEE	Insert the consignee address.
ATTN	Insert name / organisation of the consignee.
CONTACT NO.	Insert contact number of the consignee.
SHIPPER	Insert the shipper address.
ATTN	Insert name section / organisation of the shipper.
TEL	Insert telephone number of the shipper.
COMM INV. NO.	<p>Insert commercial invoice in format : GAM/CIPL/YY/XXX</p> <p>GAM – Galaxy Aerospace (M) Sdn Bhd. CIPL – Document Type. YY - Year of the document issued. XXX - Control number in sequence.</p> <p>Comm Inv No. was issued and controlled by Warehouse.</p>
PURCHASE ORDER (PO)	Insert the purchase order number, issued by procurement.
C.O.O	Insert the Country of Origin of an item / parts.
METHOD OF SHIPMENT	Insert the method of shipment, it was by AIR or SEA.
AIRWAY BILL NUMBER	Insert Airway Bill Number issued by courier / freight forwarder.
TERM	<p>Insert term of payment.</p> <p>DAP - Receiver pay for delivery. DDP - Shipper pay for delivery.</p>
BOX NO.	Insert number of the box.
QTY	Insert quantity of the item / parts in the box.
PART NUMBER	Insert the part number of the item / parts.
DESCRIPTION	Insert the description of the item / parts.
SERIAL NO.	Insert the serial number of the item / parts.
VALUE	Insert the value determine on currency.
REMARKS	Insert remarks if any.
<input type="checkbox"/> CORE RETURN, C1 <input type="checkbox"/> REPAIR & RETURN, C2	Mark ✓ in the box to choose either C1 for Core return or C2 for Return and Repair.
TOTAL VALUE	Insert the value determine on currency.
DIMENSIONS (CM) L x W x H	Insert dimension of each box in LENGTH x WIDTH x HEIGHT
ESTIMATED GROSS WEIGHT	Insert the estimated gross weight each box.
GROSS WEIGHT (KGS)	Insert the total gross weight of the package.
CRATE NO.	Insert number of the crate.

TOTAL NUMBER OF PACKAGE	Insert the total number of the package.
SHIPPER	
SIGNATURE	Shall be signed by shipper
NAME	Insert name of the shipper.
DATE	Insert date created the form
RECEIVED BY	
SIGNATURE	Shall be signed by receiver.
NAME	Insert name of the receiver.
DATE	Insert date receiving the package.