



**TOC**  
**AMERICAS**

## PRO FORMA INVOICE / PACKING LIST

Name of event: TOC AMERICAS 2026

Dates: 20-22 October 2026

Location: Cartagena

INVOICE NUMBER: TAM26/00/

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|                    |            |                      |                |
|--------------------|------------|----------------------|----------------|
| Shipper:           | Consignee: | Exhibitor:           |                |
|                    |            | Stand No.:           |                |
|                    |            | ENTRY TYPE           |                |
|                    |            | Total No. of Pieces: | cartons/crates |
|                    |            | Total Gross Weight:  | kilograms      |
| Shipper TAX I.D. : |            |                      |                |

| CASE NO. | NO. PCES | Detailed Description of Contents (In English) including serial #, model #, FFC Approval | Customs HS Codes | Weight (Kgs) | Dims (Meters)<br>L x W x H |  |  | CBM | Temp Import | Give Away | Origin | Value per Item (EUR) | Total Value (USD) |
|----------|----------|-----------------------------------------------------------------------------------------|------------------|--------------|----------------------------|--|--|-----|-------------|-----------|--------|----------------------|-------------------|
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |
|          |          |                                                                                         |                  |              |                            |  |  |     |             |           |        |                      |                   |

The shipper hereby certifies that the above referenced goods are of \_\_\_\_\_ origin.

TOTAL C.I.F. VALUE USD:

Shipper authorizes agent to prepare any import or export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair market value. This invoice is true and correct to the best of my knowledge.  
These goods are for use at the above mentioned event.

Authorized Signature:

Name:

Date:

**TOC Americas 2026**  
**20-22 October**  
**CARTAGENA**