

INVOICE-AND-CONTRACT ABSTRACT

1. COMMODITY SUPPLIER'S NAME AND ADDRESS	2. FOR A.I.D. USE
4. IMPORTER'S NAME AND ADDRESS	3. A.I.D. IMPLEMENTATION NUMBER
5. VESSEL	6. FLAG
7. PORT OF LOADING	

8. COMMODITY INFORMATION		
a. Description of Commodity and Schedule B No.	b. Gross Weight	c. Measurement

9. INVOICE INFORMATION 10. CONTRACT INFORMATION		11. SUPPLIER INFORMATION	
a. Number	a. Number	a. Small Business <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete b)	b. Estimated Value (% of Block 9c) Furnished From Small Businesses _____ %
b. Date	b. Date	c. Socially and Economically Disadvantaged Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete d)	d. Estimated Value (% of Block 9c) Furnished From Socially and Economically Disadvantaged Enterprises _____ %
c. Amount After Discount	c. Total Amount	e. Women-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete f)	f. Estimated Value (% of Block 9c) Furnished From Women-Owned Business _____ %
d. Source/Origin (Country)			

12. INSURANCE INFORMATION		13. TRANSPORTATION INFORMATION	
a. Insured Value	b. <input type="checkbox"/> All-Risk Rate _____ <input type="checkbox"/> War Risk Rate _____ <input type="checkbox"/> Other (Specify) _____ Rate _____	a. Vessel Type <input type="checkbox"/> Bulk <input type="checkbox"/> Berth <input type="checkbox"/> Trkr. <input type="checkbox"/> Air b. B/L or Air Waybill Number c. B/L or Air Waybill Date	d. Freight Rate Other Freight Charges Total Freight Charges

14. INFORMATION AS TO COMMISSIONS, CREDITS, ALLOWANCES, SIMILAR PAYMENTS, AND SIDE PAYMENTS		
a. Recipient's Name	b. Recipient's Address	c. Amount Paid or To Be Paid

15. ADDITIONAL INFORMATION AND REMARKS	16. If Certification On Other Side Is Made By <input type="checkbox"/> Carrier Or <input type="checkbox"/> Insurer, Type Or Print Name And Address Of Company.
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