

AID 282 — INVOICE AND CONTRACT ABSTRACT (front)

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		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	c. <input type="checkbox"/> All-Risk <input type="checkbox"/> War Risk <input type="checkbox"/> Other (Specify) _____	a. Vessel Type <input type="checkbox"/> Bulk <input type="checkbox"/> Berth <input type="checkbox"/> Trkr. <input type="checkbox"/> Air	d. Freight Rate
b. Premium	Rate _____ Rate _____ Rate _____	b. B/L or Air Waybill Number	Other Freight Charges
		c. B/L or Air Waybill Date	Total Freight Charges
14. INFORMATION AS TO COMMISSIONS, CREDITS, ALLOWANCES, SIMILAR PAYMENTS, AND SIDE PAYMENTS			
a. Recipient's Name		b. Recipient's Address	
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.	