

PBB COMBO PN PFI

**Instructions for Preparation of:
PBB GLOBAL LOGISTICS, Inc. PN (PRIOR NOTICE) PFI (PROFORMA INVOICE)**

This proforma invoice must be completed in English.

1. FDA PRIOR NOTICE, SUBMITTER FIRM NAME AND MAILING ADDRESS:

Indicate the name and address of the party responsible for the information pertaining to the US Food & Drug Administration's Prior Notice program.

2. FIRM TYPE:

Indicate the type of firm the submitter is as per the following choices:

- (M) Manufacturer or Producer
- (S) Shipper
- (C) Carrier
- (I) Importer
- (U) Consignee
- (F) Filer or Agent

3. SUBMITTER CONTACT NAME:

Indicate a person responsible for FDA PN information at the submitter's location.

4. SUBMITTER TELEPHONE:

Indicate the responsible person's telephone number including area code.

5. SUBMITTER FAX:

Indicate the responsible person's facsimile number including area code (if available).

6. SUBMITTER E-MAIL ADDRESS:

Indicate the responsible person's e-mail address (if available).

7. SHIPPER AND MAILING ADDRESS:

Indicate the complete name and address of the last shipping location where the FDA food items were held.

8. SHIPPER'S FDA REGISTRATION NO:

Indicate the US FDA registration number of the last location where the FDA food items were held.

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9. **EXPORTER AND MAILING ADDRESS (IF OTHER THEN SHIPPER)**

Indicate the complete name and address of the party responsible for the sale of the merchandise if other than the shipper.

10. **US FEDERAL ID NO., IRS NO. OR ASSIGNED TAX ID NO.:**

If the exporter is the responsible party for the US duty and brokerage (US importer of record), indicate the US federal tax identification number assigned to the exporter.

11. **CONSIGNEE AND MAILING ADDRESS:**

Indicate the complete name and address of the consignee receiving the merchandise.

12. **IRS NO.:**

If the consignee is the buyer, show the IRS number (or US federal tax identification number) of the consignee. If the consignee is not the buyer, show the IRS number of the buyer, if known.

13. **BUYER (IF OTHER THEN CONSIGNEE) & MAILING ADDRESS:**

Indicate the complete name and address of the buyer purchasing the merchandise.

14. **IRS NO.:**

Show the IRS number (or US federal tax identification number) of the buyer.

15. **FDA MANUFACTURER (IF ONE MFG FOR ALL MERCHANDISE) & MAILING ADDRESS:**

If the FDA food products are all manufactured at the same facility, indicate the complete name, address and facility registration number for that location. If not, indicate VARIOUS in this block and complete manufacturer information will be required for each line item in fields 45 through 50 (name, address and facility registration number).

16. **PRODUCER'S FIRM TYPE:**

Indicate the capacity of the FDA manufacture or processor as follows:

(G) Grower or Harvester,
(C) Consolidator, or
(M) Manufacturer.

17. **MANUFACTURER'S FDA REGISTRATION NO.:**

Indicate the US FDA registration number of the facility that manufactured the FDA food item(s).

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18. **PARTIES TO THIS TRANSACTION ARE:**

The relationship between the parties involved in the international transaction, foreign seller vs. US Buyer.

19. **SHIPPER'S REFERENCE NO.:**

If the shipper is responsible for payment of duty, their control number for payment (ex: the sales order number).

20. **PAGE: ? OF: ?**

The page number of this invoice and the total number of invoice pages counting "continuation pages".

21. **US DUTY AND/OR BROKERAGE FOR:**

CHECK the appropriate box to indicate the party responsible for payment of the brokerage invoice, and if the exporter, whether duty and brokerage charges are included in the total invoice price.

If known, indicate the PBB Global Logistics, Inc. client number responsible for duty and/or brokerage.

22. **CURRENCY OF VALUE:**

Indicate the currency of the invoice value
(for example: USD = US Funds or CAD = Canadian Funds)

23. **EXCHANGE RATE:**

Indicate any agreed upon rate of exchange, if applicable.

24. **CONS OR BUY REF. NO:**

CONSIGNEE'S OR BUYER REFERENCE NUMBER - If the buyer or the consignee is responsible for payment of duty and/or brokerage, indicate their control number for payment of the brokerage invoice (ex: purchase order number).

25. **FREIGHT CHARGES:**

CHECK the appropriate box as to whether freight charges are prepaid or collect. If prepaid, indicate if the cost of the freight is included in the total invoice price.

FREIGHT CHARGES TO THE POINT OF EXIT – indicate a dollar amount for the freight cost for shipping the merchandise from the shipper's door to the point of exit from the foreign country whether or not shipment is prepaid.

If freight is prepaid to destination and is included in the total invoice price, also indicate the TOTAL amount of freight from origin to destination in "OR TO DESTINATION" field.

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26. **TERMS OF SALE-DELIVERY-PAYMENT:**

TERMS OF SALE - DELIVERY - PAYMENT - Terms of delivery which indicate the point where the freight charges are paid too.

27. **OWNER FIRM TYPE:**

Indicate which party owns the merchandise at the border:

- (M) Manufacturer
- (C) Carrier
- (I) Importer
- (U) Consignee

28. **MODE OF TRANSPORT:**

Indicate the type of transportation carrying the merchandise. (for example: Truck or Rail).

29. **PLACE PAPS STICKER HERE OR INDICATE CARRIER, SCAC & BILL OF LADING NO.:**

If the carrier for the transaction has PAPS labels assigned to them by the National Motor Freight Carrier's Association, either obtain the sticker to place on the form or the PAPS information to indicate this information in this field.

PAPS is an acronym for Pre-Arrival Processing System which is a program that CBP uses along the northern border for expeditious release of freight. It is recommended to use a PAPS approved carrier for a prior notice of foods shipment.

30. **EST. ARRIVAL DATE:**

Estimated Arrival Date – estimate the date that the shipment will be crossing the border. *

Prior notice of foods shipments should not be communicated greater than 5 days ahead of time.

31. **EST. ARRIVAL TIME:**

Estimated Arrival Time – estimate the time of day that the shipment will be arriving at the border. *

* Note: In order to successfully satisfy the US FDA for a prior notice of foods shipment, submitters, carriers and brokers must team up to have the shipment's information transmitted and accepted with at least 2 hours prior notice. A broker needs a minimum total of 4 hours lead time to ensure that the transmission is accepted 2 hours before its arrival. Contact PBB for estimated lead times for shipments that have greater detail which would require longer processing times. Shipments can be transmitted up to 5 days ahead of time.

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32. **ARRIVAL PORT & CROSSING:**

Indicate the correct port the shipment will be entering the United States. If this port has more than one border crossing, then also indicate the crossing (i.e. bridge) that the carrier will be using.

For a prior notice of foods shipment, this port and crossing cannot change once the broker has transmitted the information to CBP. If the port or crossing does change, another 2 hours prior notice will be required to avoid shipments being held or diverted at the border.

33. **TRIP NO.**

Indicate the "trip #" that the carrier assigns to the shipment. If the carrier does not use Trip #'s, indicate "N/A" for "not available".

34. **PRIVATE VEHICLE INFORMATION (NON PAPS CARRIER):**

For truck shipments, if the carrier is not registered with the National Motor Freight Carrier's Association for the PAPS program, indicate the following information:

35. **LICENSE PLATE NO.:**

Show the license plate number of the vehicle bringing the merchandise into the United States.

36. **STATE OR PROV.:**

Show the state or province that the license plate is registered with.

37. **COUNTRY:**

Show the country where the vehicle is licensed.

38. **MASTER BILL OF LADING NO.:**

If the shipment contains a master bill of lading, indicate that number.

39. **HOUSE BILL OF LADING NO.:**

If the shipment contains a house bill of lading, indicate that number.

40. **CONTAINER NO.:**

If the shipment is containerized, indicate the container number.

41. **RAIL CAR NO.:**

For rail shipments, indicate the rail car number.

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42. **MARKS & NUMBERS:**

Indicate the marking and / or number shown on the outside of the shipping containers.

43. **NUMBER & KIND OF PACKAGES:**

Indicate the number and type of packages in this shipment (i.e., 10 cartons, 10 pallets, 1 truckload, etc.)

44. **TOTAL GROSS SHIPPING WEIGHT:**

SHIPPING WEIGHT – Indicate the total gross weight of the shipment.

45. **LINE:**

Create a separate line item for each unique item being shipped with respect to tariff number, country of origin, FDA manufacturer and FDA product code. Number all lines, starting with 1.

If additional space is needed for more lines, use the continuation page.

46. **COUNTRY OF ORIGIN & IF CA – PROVINCE:**

COUNTRY OF ORIGIN (WHERE MANUFACTURED) - Country of manufacture or growth of the product (show for each line of invoice). It is important to indicate where a product was made, not purchased.

47. Create a separate line item for each unique item being shipped with respect to tariff number, country of origin, FDA manufacturer and FDA product code.

Number all lines, starting with 1.

If the manufacturer indicated in field 15 is VARIOUS, you must indicate ALL manufacturer information (including full address details) for each line in fields 45 through 50.

If more space is needed for field 47, do not indicate a line number in the next space for another line (field 45). You will be able to free form more information in that space for the line above.

48. **QUANTITY:**

Indicate the quantity and unit amount (for example: each, pair, set, bundle, etc...) of the item that is being shipped.

49. **UNIT PRICE:**

Indicate the value of each item as noted in the quantity field.

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50. **TOTAL PRICE:**

Calculate the total line value (quantity X unit price)

51. **INVOICE TOTAL OR SUBTOTAL:**

Calculate the total value of all lines on that invoice. If there are multiple invoices, indicate "Subtotal" and indicate "Total" on the last invoice.

52. **DECLARATION OR US GOODS RETURNED BY RESPONSIBLE PARTY:**

To be completed only when goods are manufactured in the U.S. The person completing this invoice must be a knowledgeable party.

53. **PRINT NAME OF RESPONSIBLE EMPLOYEE:**

Print the name of the responsible person completing the proforma invoice.

54. **PARTY:**

Indicate which party the responsible person completing the proforma invoice belongs to. Each field on the left hand side of the proforma invoice contains a number for every party listed, indicate the appropriate number of the responsible person's company in the "PARTY" field as per the below list:

- 1. SUBMITTER
- 7. SHIPPER
- 9. EXPORTER
- 11. CONSIGNEE
- 13. BUYER
- 15. / 47. FDA MANUFACTURER

If the responsible employee does not belong to any of these parties listed above, complete this field with "other" and freeform the party name and address in field #47.

55. **DATE & SIGNATURE:**

The person completing the paperwork must sign date & the proforma invoice indicating they are a knowledgeable party.

56. **STATUS:**

Indicate whether the responsible employee completing the paperwork is the owner or an agent of the party they belong to.