

Pro-forma Invoice

Ultimate Destination Practice Jochen Hüter / Invitalab Stresemannallee 4 b 41460 Neuss Germany		No. of Pkgs 1			
Date of Exportation		Airway bill No			
Shipper/Exporter		Consignee Practice Jochen Hüter / Invitalab Stresemannallee 4b 41460 Neuss Germany		Importer Practice Jochen Hüter / Invitalab Stresemannallee 4b 41460 Neuss Germany	
Shippers Reference		Recipient Customs ID/EIN#		Importer EORI DE1582453	
Country of Manufacture	Description of goods	Weight (LBS)	QTY.	Unit Value	Commodity Value
Austria	Exempt human specimen, non-infectious whole human blood sample for diagnostic allergy testing. HS code/tariff number 3002 9010 000 Packaged in IATA compliant containers: Plastic test tubes/vials Intelsius Pathoshield 4 Bay absorbent liner Intelsius Pathoshield watertight plastic pouch Akuratemp foam outer packaging Akuratemp PCM CRT Pack	1	<input type="checkbox"/>		
US			1		
US			1		
US			1		
US			4		
Total Weight		3 lb	Value for Customs purposes		\$2.00
Terms of Sale: Please check one			FOB <input checked="" type="checkbox"/> CIF <input type="checkbox"/> C&F <input type="checkbox"/>		
			Declared Currency US\$		Total Invoice Value: \$2.00
SIGNATURE OF SHIPPER / EXPORTER:					
I declare that all the information contained in this invoice is true and correct.					
Title ____ Name Printed _____					
Signed _____ Dated ____/____/____					