

PROFORMA INVOICE

SENT BY Company / Name	
Address	
City , Postal Code	
Country	
Tel./Fax No.	
VAT Registration No.	

Shipment

Waybill No.

SENT TO Company / Name	ArminLabs GmbH / Mr. Dr. Schwarzbach
Address	Zirbelstraße 58, 2nd floor
City	Augsburg
Postal Code	86154
Country	GERMANY
Tel./Fax No.	Tel.: 0049 821 780 931 50 Fax: 0049 821 780 931 52
VAT Registration No.	DE815543871

Terms of delivery : EXW Other (Please state)

Number of pieces : **1**
Total Gross Weight : **0,5 kg**
Total Net Weight : **0,5 kg**

CARRIER :

Description	Customs Commodity Code	Country of Origin	Qty	Unit Value	Sub Total Value and Currency
Human blood specimen Biological substance Category B UN 3373 No. of packages: <input type="text"/>		<input type="text"/>	1	2 USD	2 USD
Total Value and Currency					2 USD

REASON FOR EXPORT

For laboratory inspection

I, the undersigned, hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Signature

Name

Date