This invoice must be completed in English.														1
EXPORTER:								Ship Date:						
Tax ID#:								18 Feb, 2015						
Contact Name: Dr. John Smith								Air Waybill No. / Tracking No.:						
Telephone No.: 1 987 654 3210								123456789101						
E-Mail: john.smith@research.com								Invoice No.: Purchase Order N						
Company Name/Address:								Payment Terms: Bill						
ABC Research Inc.								rms:	Bill	of Lading:				
123 Laboratory Drive														
								Purpose of Shipment: Research Sample						
								Sample						
Memphis TN 37501														
Country: UNITED STATES OF AMERICA Parties to Transaction:														
Related X Non-Related														
				ateu			SOLD TO / IMPORTER (if different from Consignee):							
CONSIGN	EE:													
Tax ID#:		_					X Same as CONSIGNEE:							
Contact Name: Dr. Jane Doe														
Telephone No.: 61 2 9999 9999								Tax ID#:						
E-Mail: jane.doe@university.com														
Company Name/Address: XYZ University								Company Name/Address:						
	ning Aven	110												
430 Leai	ning Aven	ue												
Sydney	2000													
	USTRALI	A					Country: Al	JSTRALIA						
If there is a	a designate	d broker for	this shipment	t, please provid	e contact	information.								
Name of B	roker					Tel. No.		Conta	act Name					
Duties and	Taxes Pay	able by	Exporter	Consignee	Oti	her If Other	please specify							
No. of	No. of	Net Weight				,	picase speeny	Harmonized	Country of	Unit		Тс	otal	
Packages	Units	(LBS / KGS)	Measure		Descrip	otion of Goods		Tariff Number	Manufacture	Value			lue	
1	1.00		NUMBER				e (for lab	2933399090	US	2.00000				2.00
				use only se	e MSDS	5).								
Total	Total	Total Net	(Indicate	Total Gross	Indicate	Terms FOB		1	1	1				
Pkgs	Units	Weight	LBS/KGS)	1	BS/KGS)	of Sale:				Subtotal:				2.00
1	1.00			0.15	ka	1				Insurance:				0.00
										insurance.				0.00
Special Ins	tructions:									Freight:				0.00
														0.00
														0.00
Declaration Statement(s):														0.00
														0.00
I declare t	hat all the i	nformation c	ontained in th	nis invoice to be	true and	correct.				Invoice Total:				2.00
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:													00	
Dr. John			epresentative		a being co	mpleted on pena	an or a compan	y or murvidual.		Currency Code:		08	SD	
										1	I			
Signature	/ Title / Date	e:											31 Jul	l, 2015

Signature / Title / Date: