

**SAMPLE: Carriers may provide fillable commercial invoice forms. Basic information is reflected in this sample.**

COMMERCIAL INVOICE					
Date: February 5, 2010			Carrier:		
Reference #:			Airbill #:		
SHIP FROM			SHIP TO		
Name:			Name: Galaxy Diagnostics, Inc.		
Street Address:			Street Address: 2 Davis Drive, RTP		
City, State, Postal Code:			City, State, Zip: Durham NC 27709		
Country:			Country: USA		
Phone:			Phone: 919-354-1055		
PACKAGE INFORMATION					
Qty	Pkg	Volume	Description	Weight	Value
2	tubes	8 ml	Diagnostic Specimens: tissue or bodily fluid, possibly infected with Bartonella spp bacteria	< 1 lb	\$10
Total Packages		2		Total	
I declare all the information contained in this invoice to be true and correct.					
_____			_____		
Shipper's signature			Date		