SCHOTT pharma services

Pro Forma Invoice for Samples for Laboratory Testing

Date: _____

Shipped From (Shipper): _____

_____

_____

Shipped to (Consignee):   SCHOTT Pharma AG & Co. KGaA

Flor Toledo Rodríguez (Mrs.)

Hattenbergstr. 10

55122 Mainz, Germany

Destination: Germany

Country of Origin: USA   (if not USA then cross out USA and write in) _____

Usage: Laboratory Testing

Information to Commodity/Goods:

*** use HS Code 7017.20 (empty containers), 3004.90 (containers with drug product), 3822.00 (laboratory reagents i.e. matrix solutions), 7010.20 (stoppers/seals/caps) ***

Quantity	HS Code	Drug product	Unit Value ($)	Total Value ($)
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____
_____ (# of items)	_____	filled with _____	$_____	$_____

Total Value of Entire Shipment for Customs Purposes Only (must be $1 or greater): $_____

FOR LABORATORY ANALYSIS ONLY, NOT FOR RESALE.

Signature: _____   Phone #: _____

Email: _____

*** Please attach this commercial invoice on the outside of the shipment for customs inspection & send a .pdf copy via email. ***