

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
Email: flor.toledo-rodriguez@schott.com
Phone: +49 (0) 6131 66 7276

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 7010.90 (empty containers), 3004.90 (containers with drug product), 3822.00 (laboratory reagents i.e. matrix solutions), 7010.20 (stoppers/seals/caps) ***

<u>Quantity</u>	<u>HS Code</u>	<u>Drug product</u>	<u>Unit Value (\$)</u>	<u>Total Value (\$)</u>
_____ (# 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. ***