

**Pro Forma Invoice for Samples for Laboratory Testing**

Date: \_\_\_\_\_

Shipped From (Shipper): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Shipped to (Consignee): SCHOTT AG  
 Anne Spende  
 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) \*\*\*

<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 _____	\$ _____	\$ _____
_____ (# 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. \*\*\*