

Invoice

依頼主, sender 名前 Name: 住所 address: 電話番号 Tel :	作成日, date : (月/日/年) _____ 作成場所, Place : Japan
	郵便物番号、Mail Item No.
宛先 shipping address: Diagnostic Solutions Labs 5895 Shiloh Rd, STE 101 Alpharetta, GA, 30005, US Phone 1-877-485-5336	輸送手段, Shipping Per:
	支払い条件 Terms of payment
	備考 Remarks <input type="checkbox"/> 有償 commercial values <input type="checkbox"/> 無償 Non commercial values <input type="checkbox"/> 贈物 gift <input type="checkbox"/> 商品見本 sample <input checked="" type="checkbox"/> その他 others

内容品の記載 Description	正味重量 Net weight	数量 Quantity	単価(ドル) Unit price Currency USD	合計額 Total amount
Exempt the human stool specimen: We certify that materials are : Human origin saliva and blood or urine sample. NOT INFECTIOUS UN 2814 dose NOT apply. For Laboratory test only, not for sale. Human material not recombinant, not cultured. These specimens are for diagnostic testing purpose, will be discarded after use and no commercial value. The value for customs purpose to \$1.00	1kg	1	\$100.00	\$100.00
Total	1kg	1	\$100.00	\$100.00

郵便物の個数 Number of pieces 1
総重量 Gross weight 1 kg
原産国 Country of origin Japan

署名 Signature

Sending date (月/日/年) _____