

Date: ____ / ____ / ____

COMMERCIAL INVOICE

Page 1 of ____

Company Name:		Invoice #:
		Reference / Order No.:
		FedEx Express Air Waybill Number:
Ship From		Ship To
Name:		Name: LC Sciences
Address:		Address: 2575 West Bellfort St. Ste. 270
City/State/Zip:		City/State/Zip: Houston, TX 77054
Phone:	Fax:	Phone: 713-664-7087 Fax: 713-664-8181
Importer Other Than Recipient:		Check One:
Name:		<input type="checkbox"/> CIF Country of Export:
Address:		Country of Manufacture:
City/State/Zip:		<input type="checkbox"/> FOB Country of Destination: USA
Phone:		<input type="checkbox"/> C&F Currency:
Fax:		

Package Information							
Qty	Unit of Measure	Type of Pkgs.	No. of pkgs	Unit Value	Commodity Description	Weight	Total Value
1	Each	Tubes	1	1	Research Sample (Non-Hazardous, Non-Contagious)	< 1lb.	\$1.00
					Contents are non restricted under IATA DG regulations.		
Total Number of Packages					Total		

____ / ____ / ____

Signature of shipper/exporter (type name and title and sign)
 I declare all the information contained in this invoice to be true and correct

Date: _____