SAMPLE: Carriers may provide fillable commercial invoice forms. Basic information is reflected in this sample.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | COMMERCIAL INVOICE |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Date: February 5, 2010 |  |  | Carrier: |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Reference #: |  |  |  | Airbill #: |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | SHIP FROM |  |  | SHIP TO |  |  |
| Name: |  |  |  |  | Name: Galaxy Diagnostics, Inc. |  |  |
|  |  |  |  |  |  |  |  |
| Street Address: |  |  |  | Street Address: 2 Davis Drive, RTP |  |
|  |  |  |  |  |  |  |  |
| City, State, Postal Code: |  |  | City, State, Zip: Durham NC 27709 |  |
|  |  |  |  |  |  |  |  |
| Country: |  |  |  | Country: USA |  |  |
|  |  |  |  |  |  |  |  |
| Phone: |  |  |  |  | Phone: 919‐354‐1055 |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | PACKAGE INFORMATION |  |  |  |
| Qty | Pkg | Volume |  | Description |  | Weight | Value |
|  |  |  |  |  |  |
| 2 | tubes | 8 ml | Diagnostic Specimens: tissue or bodily fluid, possibly | < 1 lb | $10 |
|  |  |  | infected with Bartonella spp bacteria |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Total Packages | 2 |  |  |  | Total |  |  |
|  |  |  |  |  |
| I declare all the information contained in this invoice to be true and correct. |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Shipper’s signature |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |