

<b>Claim Form</b>	
<b>Principal Name</b> : <b>Contact Name</b> : <b>Customer Name &amp; Address</b> :	
<b>Order No. &amp; Date</b> : /	
<b>PRICE INFORMATION (SUB REPORT)</b>	
<b>FOB/Documentation Charges</b> : <b>Total Ex Works / FOB</b> : <b>CIF Charges</b> : <b>Total CIF Charges</b> :	
<b>Transfer Prices</b>	
<b>(SUB REPORT)</b>	<b>Claim Value - USD</b> : <b>Conversion Currency</b> : <b>IRS</b> :
<b>Invocing Details</b>	
<b>Customer Address</b>	<b>Consignee Address / Billing Address</b>
<b>Payment</b>	<b>Delivery Instructions</b>
<b>Account No.</b> : <b>Delivery</b> : <b>SWIFT</b> :	

Date : 30-Apr-2009

*for smart Labtech Pvt.ltd*

**Smart Labtech Pvt. Ltd.**

Phone : , , Fax :

E-Mail :

URL : www.smartlabtech.net