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## CUSTOMS INVOICE USA

**Date:**

**Shipper:**

**Consignee:**

**Importer of records:**

**Contents:**      **Non-hazardous / non-infectious material**  
**Quantity:**

**Source of origin:**

nr	Value	Quantity	Content	Concentration	Volume ( $\mu$ L) per unit	Total volume ( $\mu$ L)	Total Mg
1				mg/ml			
2				mg/ml			
3				mg/ml			
4				mg/ml			
5				mg/ml			
6				mg/ml			
7				mg/ml			
8				mg/ml			
9				mg/ml			
10				mg/ml			

**No Commercial Value - For Customs Purposes Only - \$**

**USD**

**INCOTERM:**      DDP

**Manufacturer:**

**HS Code:**

**HS Code:**

**Name:**

**Department:**

**Signature**

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**Shipment #:**