

TaxID/VAT No:

# Invoice for Urine Testing (please fill out highlighted area)

<b>From</b> <b>Contact Name &amp; Address:</b>    <b>Phone:</b>	Shipment ID:  Invoice No: Date: PO No:  Terms of Sale (Incoterm): BILLED Reason for Export: Testing purposes only
<b>Ship To</b> Tax ID/VAT No: Contact Name & Address:  Meridian Valley Lab Attn: Processing 6839 Fort Dent Way, Ste 206 Tukwila, WA 98188  Phone: 855-405-8378	<b>SOLD TO INFORMATION</b> Tax ID/VAT No: Contact Name & Address:  Meridian Valley Lab Attn: Processing 6839 Fort Dent Way, Ste 206 Tukwila, WA 98188  Phone: 855-405-8378

Units	U/M	Description of Goods/Part No.	Harm Code	C/O	Unit Value	Total Value
1		liquid urine in 50mL plastic vial Exempt human sample, non-infectious For testing purposes only	3002.20.00	Canada	\$1.00	\$1.00

Additional comments

Declaration Statement:          <b>Shipper</b> _____ <b>Date</b> _____ (Signature)	Invoice Line Total: \$1.00 Discount/Rebate: Invoice-Sub-Total: Freight: Insurance: Other: Total Invoice Amount:
	Total Number of Packages: 1      Currency:\$1.00 Total Weight: 1

\*\*\* make three copies; one with the requisition form, one loosely inside the shipping bag and one inside the document pouch with your return label.