

Proforma invoice

Shipper information	Receiver information
Shipper's name:	Receiver's name:
Company name:	Company name:
Address:	Address:
Postal code, city:	Postal code, city:
Country:	Country:
Phone:	Phone:
Mobile:	Mobile:
Fax:	Fax:
E-mail:	E-mail:
VAT No: SE23210001301	EORI No:
Kostnadsställe:	

Package information
This is to certify that this package contains
The value of the content is: SEK
Tariff number / Customs commodity code of the content is:
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The value of the content is: SEK
Tariff number / Customs commodity code of the content is:

No charge. The content has NO COMMERCIAL VALUE. Value for customs purpose only.

Item number / Airwaybill number: _____

Sjukhus / stad / datum

Underskrift

Namnförtydligande

Titel / grad