

Pro-Forma Invoice

Invoice Date: 8/1/2015



Shipper :
Dr. Joe Smith
1234 Main St
Happytown ON M4X 3Y3
CANADA
(600) 555-1234

Consignee :
EIN# 39-1471369-00
AOA Laboratory
13931 Spring Street
Sturtevant WI 53177 USA
Phone : 262-321-3617

Note:
 Complete shaded areas of the Pro-Forma Invoice.
 Email invoice to international.shipments@aolab.com
 or fax to 262-886-6879.
 Place 1 copy in box and 1 copy on the outside of the box.

Merchandise Description	HTS #	Quantity Shipped	Unit of Measure	Country of Origin	Unit Cost	Value in US Dollars	FDA Registration No.	FDA Product Code	Device Listing No.	510(k)	Notes
Dental Impression	8480.60.0090	2	Each	CA	\$ 8.50	\$ 17.00	N/A	N/A	N/A	N/A	
Bite Registration	9602.00.4000	0	Each	N/A	\$ 2.00	\$ -	N/A	N/A	N/A	N/A	
Dental Models	6809.90.0000	1	Each	CA	\$ 8.00	\$ 8.00	N/A	N/A	N/A	N/A	
3D Dental Model	3926.99.9995	0	Each	N/A	\$ 5.00	\$ -	N/A	N/A	N/A	N/A	
Hawley Retainer	9021.10.0090	1	Each	US	\$ 66.00	\$ 66.00	2184045	DYJ	E251802	Exempt	
*****	N/A	0	Each	N/A	\$ -	\$ -	N/A	N/A	N/A	N/A	
*****	N/A	0	Each	N/A	\$ -	\$ -	N/A	N/A	N/A	N/A	
*****	N/A	0	Each	N/A	\$ -	\$ -	N/A	N/A	N/A	N/A	
					Total	\$ 91.00					
						Values are for Customs purposes only					

All "Quantity Shipped" fields must have a numeric value. Use "0" if item is not included in shipment.
 All items in shipment MUST be listed on this Pro-forma invoice. Use blank lines if needed.

"These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to US law prohibited"