## UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ

Date: PRO-FOR							MA INVOICE Page 1 of						
Company Name:						Invoice #:							
University of California, Davis							Reference / Order No.:						
Depa	artment:					Air Waybill Number:							
			Ship	From		Ship To							
Name	<b>:</b> :					Name:							
Address:							Address:						
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City/State/Zip:						City/State/Zip:							
Phon	e:			Fax:		Phone:	Fax:						
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Name	9:			Name: Address:   Address: Address:   Address: Address:   City/State/Zip: City/State/Zip:   Fax: Phone: Fax:   Than Recipient: Check ore:   Incoterms 2010 to address above Country of Export:   Incoterms 2010 to address above Country of Export:   Incoterms 2010 to address above Country of Export:   Incoterms 2010 to address above Country of Destination:   Fax: Incoterms 2010 to address above   Incoterms 2010 to address above Country of Export:   Incoterms 2010 to address above Country of Destination:   Fax: Incoterms 2010 to address above   Fax: Package Information:									
Address:						[ ] DAP	Country of Export:						
Address:							Country of Manufacture:						
City/State/Zip:						[ ] CIP	Country of Destination:						
Phone: Fax:						]	Currency:						
					Package I	nformatio	n						
Qty	Unit of Measure	Type of Pkas.	No. of pkgs	Unit Value	Commoc	lity Descri	ption/ECCN/HTS Code	Weight	Total Value				

Qty	Measure	of Pkgs.	pkgs	Value	Commonity Description/ECCN/HTS Code	weight	value
Total Number of Packages					Total		

Signature of shipper/exporter (type name and title and sign) I declare all the information contained in this invoice to be true and correct Date

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