

CARICOM (CARIBBEAN COMMON MARKET)

SELLER (Name, Full address, Country)		INVOICE DATE AND NO.		CUSTOMER ORDER NO.	
		OTHER REFERENCES			
		BUYER (If other than consignee)			
CONSIGNEE (Name, Full address, Country) CARIBBEAN PUBLIC HEALTH AGENCY 16-18 JAMAICA BOULEVARD FEDERATION PARK, NEWTOWN 190324 TRINIDAD & TOBAGO Tel: 1-868-622-4261/299-0895 ATTN: DR. JOY ST. JOHN EXECUTIVE DIRECTOR		PRESENTING BANK			
		COUNTRY OF ORIGIN OF GOODS			
		TERMS AND CONDITIONS OF DELIVERY AND PAYMENT			
PORT OF LADING					
COUNTRY OF FINAL DESTINATION TRINIDAD		SHIP/ AIR/ ETC AIR		CURRENCY OF SALE USD	
OTHER TRANSPORT INFORMATION		MARKS AND NUMBERS (Description of goods)		GROSS WEIGHT KG.	
NO. & IGNO OF PACKAGE		SPECIFICATION OF COMMODITIES (IN CODE AND/OR FULL)		CUBE M	
BIOLOGICAL SUBSTANCES, CATEGORY B, UN 3373		AMOUNT	QUAN	UNIT PRICE	AMOUNT
NO COMMERCIAL VALUE					
IT IS HEREBY CERTIFIED THAT THIS INVOICE SHOWS THE ACTUAL PRICE OF THE GOODS DESCRIBED, THAT NO OTHER INVOICE HAS SEEN OR WILL BE ISSUED, AND THAT ALL PATRICULARS ARE TRUE AND CORRECT. Name in BLOCK Letters: Signature: Status/Job Title: Company Stamp		PACKING			
		FREIGHT			
		OTHER COSTS (specify)			
		INSURANCE			
		TOTAL INVOICE AMOUNT			