

ANSI National Accreditation Board, LLC
1899 L Street NW, Suite 1100-A
Washington, DC 20036
414-501-5494



Bill To:

Instituto Nacional de Salud –
Centro Nacional de Control de
Calidad
Av. Defensores del Morro No 2268
Chorrillos
PERU

Invoice No.

Date: 09-06-2024
Due Date: 10-06-2024
Terms: Net 30 days
Customer #: 9900028

Invoice

Description	Price	Quantity	Total
Annual Fee	2,900.00	1.00	2,900.00
Assessor Day Fee	1,150.00	5.50	6,325.00
Base Assessment Fee	2,300.00	1.00	2,300.00
Travel Time - International Travel (Additional Travel Time)	2,900.00	1.00	2,900.00

Total:

\$14,425.00

Payable in US Dollars

La propuesta cumple con lo solicitado en el requerimiento de Bienes y Servicios N° 5193-2024


Q.F. MIGUEL ANGEL GRANDE ORTIZ
Director
Centro Nacional de Control de Calidad
INSTITUTO NACIONAL DE SALUD

For Questions about this invoice please contact: accountingftw@anab.org

ACH/WIRE Transfer

HSBC Bank USA NA 452 5th Ave, New York NY 10018

Account No: 038005280

ACH Transfer Routing NO: 022000020

Foreign Wire Information:

FED/ABA: 021001088 SWIFT: MRMDUS33

Pay Online at

<https://securepayment.link/ansiaccrreditation>

Remit Checks to

ANSI National Accreditation Board, LLC
11617 Coldwater Road, Suite 101
Fort Wayne, Indiana 46845

Invoices past due are subject to 2% monthly finance charge, backdating to the original invoice date.