

77
VALIDACIÓN N° 2

QUOTATION/PRO-FORMA INVOICE SQ031026



ATCC
10801 University Blvd
Manassas, VA 20110-2209
USA

T: 703-365-2700
F: 703-365-2750
E: sales@atcc.org

Quote Date: 4/3/2024
Page: 1 of 3
Customer ID#: 115426A
Reference No: CCL-81
Payment Term:
Delivery Terms: EXW-Manassas
Shipping Via: GRS

Invoice ID#: 115426A
Instituto Nacional de Salud
AV DEFENSORES DEL MORRO
09, Chorrillos Lima
PER

Delivery ID#: 115426A
Instituto Nacional de Salud
AV DEFENSORES DEL MORRO NO
2268
9, Chorrillos Lima
PER

Contact Name:
Contact Phone:

ATTN: Elizabeth, Kella Santos
Phone: 5117480000 Anexo 135

Header Notes:

Please sign the last page of the Proforma Invoice to authorize the shipment of your order

Duties and taxes are not included. Please check with your government to ensure no additional import permits/requirements are needed for the receipt of your order. If permits are required, please forward a copy to ATCC/Sales. Shipped via a freight forwarder and airport pickup is required for products. Products will not be delivered directly to your door. Flight details will be forwarded once the order is shipped. You will be responsible for the order clearing customs.

Prepayment is required before the order can be shipped. ATCC accepts:

- 1) Visa, Mastercard, and American Express. The account number, expiration date, and the name as it appears on the card and signature is also required.
- 2) US currency by check drawn on any US bank or international money order, made payable to American Type Culture Collection. Mail to:
American Type Culture Collection,
Lockbox Number - 0076349, P.O. Box 716349,
Philadelphia, PA 19171-6349
- 3) Money wire transfer:
International money wire transfer Account #4564560290, Routing # 121000248, SWIFT Code WFBUS65
at Wells Fargo Bank, N.A.
440 Montgomery
San Francisco, CA 94104

This order requires a certificate of origin. The document fee is \$38.00

The special handling charge of \$380.00 is for the handling of CITES items by our freight forwarder.

USFWS paperwork is required for item number CCL-81, which will delay this order. The USFWS permit fee is \$105.00

We show only 9 in inventory of item PRA-237 at this time. If allocated to other orders this item will require a lead time of about 97 business days.

Line#	Item#	Description	Quantity	UM	Net Price	Amount
01	CCL-81	Vero Kidney African Green Monkey (Chlorocebus aethiops) Grivet End user: Tarqui, Kathia	1.00	ea	471.75	471.75
03	30459	Entamoeba histolytica; HM-11MSS End user: Tarqui, Kathia	1.00	ea	222.70	222.70

#2229 Sample UPM
#2239 Sample UPM

INSTITUTO NACIONAL DE SALUD
Unidad de Adquisiciones
08 ABR 2024
RECIBIDO
HORA: 16:01 FIRMA:



QUOTATION/PRO-FORMA INVOICE SQ031026

ATCC
1001 University Blvd
Manassas, VA 20108-2209
USA

Quote Date: 4/3/2024
Page: 2 of 3

Line#	Item#	Description	Quantity	UM	Net Price	Amount
04		Sappinia pedata AUK06-2-1 End user: Tarqui, Kathia	1.00	ea	527.00	527.00
05		Helicobacter pylori End user: Tarqui, Kathia	1.00	ea	244.80	244.80
		Non-Taxable:	1,466.25	Line Total		1,466.25
		Taxable Total:	0.00	Total Tax:		0.00
				Document Fees:		518.00
				Shipping & Handling:		1,080.00
				Special Handling:		0.00
				USD Grand Total:		3,064.25

#2247 Sample UPH
#2352 Sample UAC

Remit to address: American Type Culture Collection, P.O. BOX 716349, PHILADELPHIA, PA 19171-6349

To ensure proper credit to your account, please reference your ATCC account and invoice number on your payment.
ATCC accepts credit cards as a method of payment on the ATCC website <http://www.atcc.org>

ATCC Terms and Conditions Apply. Terms and Conditions are supplied with the shipment and are available on the ATCC website <http://www.atcc.org>



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USA

Telephone: 703-365-2700
Fax: 703-365-2750
Email: sales@atcc.org

Non-Taxable: 1,466.25
Taxable Total: 0.00

Line Total: 1,466.25
Total Tax: 0.00
Document Fee: 518.00
Shipping & Handling: 1,080.00
Special Handling: 0.00
USD Grand Total: 3,064.25

IMPORTANT: Please reference your Account number [115426A] and Quote number [SQ031026] on all correspondence and banking transactions.
QUOTE EXPIRES 5/24/2024

Purchaser MUST complete the information below:

Please return this form to ATCC to authorize the shipment. **Do not** send Credit Card Information via Email to ensure compliance with the Payment Card Industry Data Security Standard. Please Fax the form to 703-365-2750. Customers are responsible for any duties and taxes required for this order. The charge for shipping and handling does not include duties and taxes charged by local customs. Incoterms 2010 apply.

Sign below to authorize shipment:

Signature: [Signature] Print Name: KATHUS TARDUE TENORES
Title: REP DE UNIDAD DE PARASITOLOGIA Y MICROBIA Phone: 7180000 - 2257 Fax: _____

Purchase Order: _____

Credit Card Information:

Visa Master Card AMEX Account Number: _____ Expiration: _____

Name on Card (Print): _____ Signature: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Ronnie Gavilan
Resp. Unidad Bacteriología

