

**QUOTATION/PRO-FORMA INVOICE SQ038710**

10801 University Blvd
Manassas, VA 20110-2209
USA

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

Quote Date: 3/26/2025
Page: 1 of 3
Customer ID#: 115426A
Reference No: 29737
Payment Term:
Delivery Terms: EXW-Manassas
Shipping Via: GTS

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 N
2268
9, Chorrillos Lima
PER

Contact Name:
Contact Phone:

ATTN: Elizabeth, Keila 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.

This order requires a RUC# before it can be shipped.

INTERMEDIATE CONSIGNEE:
INSTITUTO NACIONAL DE SALUD
CHORRILLOS – LIMA - PERU
CONTACT: RICARDO ANGULO JARA
PHONE: 511 7480000
EMAIL: aduanas@ins.gob.pe

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 WFBIUS6S,
at Wells Fargo Bank, N.A.
420 Montgomery
San Francisco, CA 94104

This order requires a certificate of origin. The document fee is \$33.00

Line#	Item#	Description	Quantity	UM	Net Price	Amount
01	29737	Staphylococcus aureus; subsp. aureus End user: Edith Luz Lavado Perez	1.00	ea	252.45	252.45



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Page: 2 of 3

Line#	Item#	Description	Quantity	UM	Net Price	Amount
02	10240	Micrococcus luteus End user: Edith Luz Lavado Perez	1.00	ea	252.45	252.45
		Non-Taxable:	504.90	Line Total:		504.90
		Taxable Total:	0.00	Total Tax:		0.00
				Document Fees:		33.00
				Shipping & Handling:		1,080.00
				Special Handling:		0.00
				USD Grand Total:		1,617.90

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>

INSTITUTO NACIONAL DE SALUD
CENTRO NACIONAL DE CONTROL DE CALIDAD

Edith Torres Luján
QUÍMICO FARMACÉUTICO

Cumple con lo solicitado
en las Ek-TT.





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Manassas, VA 20110-2209
USA

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

Non-Taxable: 504.90
Taxable Total: 0.00

Line Total: 504.90
Total Tax: 0.00
Document Fee: 33.00
Shipping & Handling: 1,080.00
Special Handling: 0.00
USD Grand Total: 1,617.90

IMPORTANT: Please reference your Account number [115426A] and Quote number [SQ038710] on all correspondence and banking transactions
QUOTE EXPIRES 5/30/2025

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: Edith Luz Lavedo Pérez

Title: Coordinadora de Microbiología y Biología Phone: 5174800000 Fax: —
1480

Purchase Order: _____

Credit Card Information:

Visa Master Card AMEX Account Number: _____ Expiration: _____

Name on Card (Print): _____ Signature: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

