CRYOTRANS LOGISTICS

INVOICE

_____

Date: _____

SENDER / ORIGIN

_____
_____
_____

RECIPIENT / DESTINATION

_____
_____
_____

DEWAR ID

_____

TEMP. RANGE

-150C to -196C

PRESSURE STATUS

_____

Service Description	Quantity	Unit Price	Amount
Cryogenic Transport (LN2 / Dry Shipper)	____	$____	$____
Data Logger Rental & Monitoring	____	$____	$____
Hazardous Material Handling Fee	____	$____	$____
Insurance / Declared Value Coverage	____	$____	$____

Subtotal: $_____
Tax: $_____
TOTAL DUE: $_____

Payment Terms: Net 30. Please include invoice number with remittance.

Certification: All biological materials transported under IATA/DOT compliance protocols. Temperature logs available upon request.