

- 【送り状の有効期間について】

**Customs declaration:** ☐ Please enclose in the pouch

INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) :2024 / 05 / 31  
作成地 (Place) :Tokyo

Invoice: 1 Please enclose in the pouch

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ご依頼主 (Sender):<br>Vibex Pharmaceutical Official Mall (Vibex Seiyaku)<br>Vibex Pharmaceutical Official Mall<br>Time 24 Building<br>2-4-32 Aomi<br>Koto-ku<br>Tokyo<br>135-0064, JAPAN<br><br>TEL +82-70-8094-1892      FAX | 郵便物番号 (Mail Item No.): EN323077275JP                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                           | 送達手段 (Shipped Per) :E M S                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                           | 支払い条件 (Terms of Payment):                                                                                                                                                                                                                                        |
| お届け先 (Addressee):<br>Hyewon Lee<br>Hyewon Lee<br>Room 202, Building<br>101, 85, Dokbae-ro, Yeonsu-gu, Incheon<br>(Okryeon-dong, Floriche)<br>21955, KOREA<br><br>TEL 010-5594-5453      FAX 010-5594-5453                 | 備考 (Remarks):<br><input type="checkbox"/> 有償 (Commercial value)<br><input checked="" type="checkbox"/> 無償 (No Commercial value)<br><input type="checkbox"/> 贈物 (Gift) <input type="checkbox"/> 商品見本 (Sample) <input type="checkbox"/> その他 (Other)<br>Invoice No. |

| 内容品の記載<br>(Description) | 原産国<br>(Country of origin) | 正味重量<br>(Net Weight)<br>g | 数量<br>(Quantity) | 単価<br>(Unit Price) | 合計額<br>(Total Amount) |
|-------------------------|----------------------------|---------------------------|------------------|--------------------|-----------------------|
| Health food             |                            |                           | 3                | USD 2.33           | USD 6.99              |
| 総合計 (Total)             |                            |                           | 3                |                    | USD 6.99              |

F.O.B.JAPAN

郵便物の個数 (Number of pieces) :  
総重量 (Gross weight) g :

署名 (Signature)

[illegible]