



**Customs declaration: 1 Please enclose in the pouch**

INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) :2022 / 04 / 25  
作成地 (Place) :Tokyo

Invoice: 1 Please enclose in the pouch

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ご依頼主 (Sender):<br>Vibex Pharmaceutical Official Mall<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.): EN171025175JP                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                             | 送達手段 (Shipped Per) :E M S                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                             | 支払い条件 (Terms of Payment):                                                                                                                                                                                                                                        |
| お届け先 (Addressee):<br>Hyunsun Lee<br>Hyunsun Lee<br>Room 206, 704, 89, Jeongpyeong-ro, Suji-gu,<br>Yongin-si, Gyeonggi-do (Pungdeokcheon-dong,<br>Shinjeongmaeul Hyundai<br>Prime Apartment)<br>16839, KOREA<br><br>TEL 010-2939-5878      FAX 010-2939-5878 | 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             |                            |                           | 10               | USD 3.54           | USD 35.40             |
| 総合計 (Total)             |                            |                           | 10               |                    | USD 35.40             |

F.O.B.JAPAN

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

署名 (Signature)

内閣府は骨髄移植に際し、まず、骨髄提供の確固のため、関係される機会があることについて啓蒙し、まず