# COMMERCIAL INVOICE

**Nº 418927**

**HAWB: M2153948COL**

**Created: 13/07/2026**

| IMPORTER: | SHIPPER: |
|---|---|
| **Rosa Nitania Piazza**<br>**CPF:34219340963**<br>**Rua Quinze de Novembro, 263, clínica geriátrica Santa Inês**<br>**EMAIL: Sfurlan@hcpa.edu.br**<br>**PHONE: 5551991915265**<br>**FLORIANOPOLIS-SANTA CATARINA-SC**<br>**CEP: 88075220 BRASIL** | **MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA**<br>**Av. das Américas, 3959 - Loja 229,**<br>**Tel:5521997824200**<br>**8105 RJ 22631-003 BRASIL** |
| **SOLD AND BILL TO:**<br>**SAME AS IMPORTER** | **TERMS OF PAYMENT:**<br>**CURRENCY: USD**<br>**INCOTERM: DDP**<br>**PAYMENT TYPE: Prepaid**<br>**SHIPMENT BY (x) air ( ) sea** |

| Item | Description of Goods | Unit Price (U$S) | Qty (pcs) | Total Price (U$S) |
|---|---|---|---|---|
| 1 | Produto Manipulado Farmacêutico | 35.17 | 1 | 35.17 |
| | $ 50.00 - Freight | 50.00 | | 50.00 |
| | | | **1** | **85.17** |

**Total Weight: 0.3 - Packages: 1**

It is hereby certified that this invoice shows the actual price of the goods described. That no other invoice has been or will be issued and that all data is true and correct

Signature of authorized person _____ Date _____ Place _____