

# PHARMA INVOICE

INVOICE #  
DATE

**BILL TO:**  
**LICENSE / DEA #:**  
**SHIP TO:**  
**PURCHASE ORDER #:**

Item Description / Dosage	Batch/Lot No.	Expiry	Qty	Unit Price	Total

**NOTES / STORAGE INSTRUCTIONS:**

Subtotal \$ \_\_\_\_\_  
Tax \$ \_\_\_\_\_  
Grand Total \$ \_\_\_\_\_

Declaration: The medicines listed above are sold according to pharmaceutical safety regulations. Please check batch numbers upon receipt.

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Authorized Signature

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Receiver's Stamp/Sign