

CS INVENTORY INVOICE

Invoice #: _____

Date: _____

REGISTRANT (SUPPLIER)

DEA Registration #:

Address:

RECEIVER (CUSTOMER)

DEA Registration #:

Address:

Sch.	NDC Number	Drug Name & Dosage Form	Qty	Unit Price	Total

Subtotal: \$ _____

Grand Total: \$ _____

Compliance Notice: This document serves as a record of transfer for Schedule II-V controlled substances. Recipient must verify contents upon receipt. For Schedule II substances, a valid DEA Form 222 (or CSOS equivalent) must be linked to this transaction.

Authorized Supplier Signature / Date

Receiver Acknowledgment (Pharmacist/Registrant) / Date