

HOSPITAL PHARMACY

123 Medical Plaza, Healthcare City
Phone: (555) 012-3456

STOCK INVOICE

Invoice #: _____
Date: _____

Supplier Details:

Name: _____
Address: _____
License: _____

Delivery Details:

Department: _____
Received By: _____
PO Ref: _____

Item Description / Generic Name	Batch No.	Expiry	Qty	Unit Price	Total

Item Description / Generic Name	Batch No.	Expiry	Qty	Unit Price	Total

Subtotal: \$ _____

Tax (%): \$ _____

Grand Total: \$ _____

Authorized Signature: _____

Pharmacist Stamp: _____

* Please report any discrepancies within 24 hours of delivery.