

# INVOICE

LABORATORY NAME:

Invoice #:

Date:

PO #:

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Supplier / Vendor:

Ship To / Department:

Catalog #	Description / Reagent Name	CAS #	Lot #	Qty	Unit Price	Total

Subtotal:

Tax / Hazmat Fee:

Shipping:

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**Total Amount:**

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**Storage Requirements / Notes:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_