

NDC/Catalog #	Description / Medication Name	Lot Number	Expiry	Qty	Unit Price	Total

Subtotal: \$ _____
 Handling/Freight: \$ _____
 Tax: \$ _____
 TOTAL DUE: \$ _____

Storage Conditions: _____

Note: This document serves as a record of transfer for pharmaceutical products. All items must be inspected upon receipt. Controlled substances are subject to strict regulatory reporting requirements.