

PHARMACY NAME

123 Medical Plaza, Health City

Phone: (555) 010-9988

License: #RX-123456789

STOCK INVOICE

Invoice #: _____

Date: _____

SUPPLIER DETAILS

Name: _____

Address: _____

Contact: _____

SHIP TO

Pharmacy Department

Attn: Inventory Manager

Order Ref: _____

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

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

Subtotal:\$0.00
Tax (VAT):\$0.00

Total Amount:\$0.00

Notes: Controlled substances must be verified upon delivery. Signature required.

Received By: _____ Date: _____