

INVOICE

Order #: _____

Date: _____

Facility/Provider Name

Address Line 1

City, State, Zip

License #: _____

Billing To:

Shipping To:

Storage Temp Req: _____

Vaccine Name / Description	Manufacturer	Lot #	Exp. Date	Qty	Unit Price	Total
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Subtotal: \$ _____

Tax: \$ _____

Shipping: \$ _____

Total Amount: \$ _____

Notes:

Cold chain integrity must be verified upon receipt. Report any temperature excursions immediately.