INVOICE

Chemical Inventory Services

Invoice #: [00000]

Date: [YYYY-MM-DD]

FROM:

[Organization Name]
[Street Address]
[City, State, Zip]
[Tax ID/Registration]

BILL TO:

[Client Name]
[Client Department]
[Street Address]
[City, State, Zip]

CAS Number / Substance ID	Chemical Description	Inventory Region (TSCA, REACH, etc.)	Quantity	Unit Price	Total

Subtotal: $0.00
Compliance/Filing Fees: $0.00

TOTAL DUE: $0.00

Payment Terms: Net [30] Days. Please include Invoice Number with your remittance.

Bank Details: [Bank Name] | **SWIFT:** [Code] | **IBAN:** [Number]