PHARMACEUTICAL INVENTORY INVOICE

Facility Registry ID: _____

Invoice #: _____

Date: _____

Supplier / Manufacturer:

_____
_____
_____

Ship To / Laboratory:

_____
_____
_____

CAS Number	Chemical Substance / Description	Purity / Grade	Lot Number	Qty	Unit Price	Total
_____	_____	_____	_____	____	_____	_____
_____	_____	_____	_____	____	_____	_____
_____	_____	_____	_____	____	_____	_____

Subtotal: $_____

Hazardous Handling Fee: $_____

Grand Total: $_____

Compliance Notes: All substances listed above must be stored according to SDS specifications. Verified for pharmacopoeia compliance (USP/EP/BP). Recipient assumes responsibility for controlled substance logging where applicable.

Authorized Signature: _____ Date: _____