BIOPHARMA LOGISTICS SOLUTIONS

123 Cold Storage Way, Suite 500
Cambridge, MA 02139
contact@biopharmalogistics.com

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

_____
_____
_____

SHIP TO / DESTINATION

_____
_____
_____

Storage Temp Range: _____
Transport Mode: _____
Logger/Sensor ID: _____
Waybill / BOL: _____
Total Weight (kg): _____
Dry Ice / Gel Packs: _____

Catalog # / Lot #	Description of Goods (Biological/Pharma)	Qty	Unit Price	Total

Subtotal: _____
Cold Chain Handling: _____
Tax / VAT: _____
Total Due: $ _____

Compliance Statement: Goods maintained under validated temperature controlled conditions according to GDP guidelines. Temperature logs available upon request.

Payment Terms: Net 30. Wire transfer instructions: [Bank Name] | SWIFT: [Code] | Account: [Number]