

SURGICAL SOLUTIONS INC.

123 Medical Plaza, Suite 500
Healthcare City, ST 12345
Contact: (555) 010-9988

INVOICE

Date: [Date]
Invoice #: [000000]
PO #: [Ref-Number]

BILL TO:

[Hospital/Clinic Name]
[Department Name]
[Street Address]
[City, State, Zip]

SHIP TO:

[Surgical Center/OR Wing]
[Attn: Receiving Dept]
[Street Address]
[City, State, Zip]

SKU / Catalog #	Description	Qty	Unit Price	Total
[Item-Code]	[Product Name / Specification]	[0]	\$0.00	\$0.00
[Item-Code]	[Product Name / Specification]	[0]	\$0.00	\$0.00
[Item-Code]	[Product Name / Specification]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00
Shipping: \$0.00
TOTAL: \$0.00

Terms: Net 30. All surgical instruments are sterilized and certified according to ISO standards.

Notes: Please include invoice number with your wire transfer or check payment.