INVOICE

Order Reference: #_____

[Supplier Name]

[License No: _____]

Date: ___/___/20___

BILL TO:

[Customer/Hospital Name]

[Address Line 1]

[Tax ID / VAT No]

SHIPPING DETAILS:

[Delivery Address]

Batch Tracking: Required

Item Description / Salt Name	Batch No.	Expiry	Qty (Units)	Unit Price	Total

Subtotal: $0.00
Tax (%): $0.00

Grand Total: $0.00

Terms & Conditions:

1. Pharmaceutical goods once sold are not returnable unless expired or damaged upon arrival.
2. Payment is due within [X] days.
3. Storage Requirements: [ ] Room Temp [ ] Cold Chain [ ] Controlled

_____
Authorized Signatory

_____
Receiver's Stamp