CLINICAL TRIAL SUPPLY INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Sponsor/CRO Name]
[Department]
[Address]

CLINICAL STUDY DETAILS:

Protocol ID: _____
Study Phase: _____
Site Number: _____

Item Code	Description / Batch No.	Quantity	Unit Price	Total

Subtotal: $0.00
Shipping & Handling: $0.00
Tax: $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS:

Bank Name: _____
SWIFT/BIC: _____
Account Number: _____

Notes: Supplies are for investigational use only in the specified clinical trial protocol.