MEDICAL SUPPLIES CO.

123 Healthcare Blvd
Medical District, ST 54321
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO:
SHIP TO:

Item SKU	Description	Lot #	Qty	Unit Price	Total

Subtotal: $ _____

Tax (___%): $ _____
Shipping: $ _____
BALANCE DUE: $ _____

Payment Terms: Net 30. Please make checks payable to Medical Supplies Co.

Certification: We hereby certify that these goods were produced in compliance with all applicable health and safety regulations.