PHARMALOGISTICS SOLUTIONS

123 Bio-Drive, Cold Chain Plaza
Cambridge, MA 02139
Licence: #PH-990022

INVOICE: #_____

DATE: [DD/MM/YYYY]

DUE DATE: [DD/MM/YYYY]

CLIENT BILLING INFO

[Client Name]
[Address Line 1]
[Address Line 2]
VAT/Tax ID: [ID Number]

SHIPMENT DETAILS

Waybill: [AWB-Number]
Temp Range: [+2C to +8C / -20C]
Origin/Dest: [City] to [City]

Item Description / SKU	Quantity	Weight/Vol	Rate	Amount
Cold Chain Transportation Fee	[Qty]	[kg/cbm]	[0.00]	[0.00]
Refrigerated Storage (Days)	[Qty]	-	[0.00]	[0.00]
Compliance Documentation & Validation	1	-	[0.00]	[0.00]

Item Description / SKU	Quantity	Weight/Vol	Rate	Amount
Special Handling (Dangerous Goods)	[Qty]	-	[0.00]	[0.00]

Subtotal: $0.00
Tax (___%): $0.00
Total Balance Due: $0.00

Payment Instructions: Bank: [Name] | Swift/BIC: [Code] | Account: [Number]

This shipment was handled in accordance with GDP (Good Distribution Practice) and local pharmaceutical regulatory requirements. Temperature logs available upon request.