PHARMACY PROCUREMENT INVOICE

[Pharmacy Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
PO #: _____

Vendor Information:

[Vendor Name]
[Vendor Address]
[Vendor Contact]

Ship To:

[Facility/Department Name]
[Shipping Address]
[Attn: Name/Pharmacist]

NDC / Catalog #	Description (Drug Name/Strength/Pack)	Qty	Unit Cost	Total

Subtotal: $ _____
Procurement Fee: $ _____
Shipping/Handling: $ _____
Total Amount Due: $ _____

Terms: Net [30] Days. Please make checks payable to: [Pharmacy Name].
Notes: [Space for special handling instructions, cold chain verification, or backorder notes]