SALES INVOICE

Distributor: [Company Name]
[Address Line 1]
[License Number / Tax ID]

Invoice #: _____
Date: _____
PO #: _____

Bill To:

[Customer Name/Facility]
[Billing Address]

Ship To (Facility Registry ID):

[Shipping Address]
[Contact Name & Phone]

Vaccine Name / Description	Manufacturer	Lot Number	Exp. Date	Qty (Vials)	Unit Price	Total

COLD CHAIN REQUIREMENTS: [ ] 2C to 8C | [ ] -25C to -15C | [ ] Ultra-Low Temperature Logger ID: _____ Shipping Condition: [ ] Acceptable [ ] Rejected

Subtotal: $0.00
Tax / VAT: $0.00

Shipping: $0.00

Grand Total: $0.00

Terms: Payment due within ___ days. Certification of proper storage and handling provided upon request.

Authorized Signature: _____ **Date:** _____