MEDICAL DEVICE SALES

123 Bio-Tech Blvd
Science City, ST 54321
contact@meddevice.example

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

_____
_____
_____

SHIP TO / FACILITY:

_____
_____
_____

SKU / Model	Description	Qty	Unit Price	Total

Subtotal: $ 0.00
Tax / VAT: $ 0.00
Shipping: $ 0.00

Grand Total: $ 0.00

Payment Terms: Net 30. Please make checks payable to Medical Device Sales Corp.

Warranty Info: All laboratory equipment is covered under a 12-month manufacturer warranty unless otherwise specified. Installation and calibration certification included upon request.