EQUIPMENT INVOICE

Procurement Reference: [Ref #]

[Clinic/Facility Name]

[Physical Address]

[Tax ID / Registration]

Vendor Details:

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

Date Issued: [Date] **Due Date:** [Date] **PO Number:** [Number]

Equipment Description	Model/SKU	Qty	Unit Price	Total
[Item Description]	[Model #]	[0]	$[0.00]	$[0.00]
[Item Description]	[Model #]	[0]	$[0.00]	$[0.00]
[Item Description]	[Model #]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax (0%): $[0.00]

Shipping/Installation: $[0.00]

Total Due: $[0.00]

Payment Terms & Instructions:

[Bank Name] | SWIFT: [Code] | Account: [Number]

Notes: [Warranty details or installation schedule notes]