[VENDOR NAME]

[Street Address]
[City, State, Zip]
[Phone/Email]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Institution/Company Name]
[Department]
[Address]
[Contact Name]

SHIP TO:

[Laboratory Name/Room #]
[Institution Name]
[Address]
[Attention To]

Catalog #	Description	Qty	Unit Price	Total

Subtotal: $0.00
Shipping/Handling: $0.00
Tax: $0.00
Balance Due: $0.00

Payment Terms: Net 30. Please make checks payable to [Vendor Name].

Notes: All sensitive laboratory equipment is calibrated prior to shipping. Please inspect packages for damage upon arrival.