MEDICAL GAS SOLUTIONS

123 Healthcare Way, Medical District

Phone: (555) 010-8899 | Email: sales@medgas.com

INVOICE #: _____

DATE: _____

BILL TO:

_____

_____

Facility ID: _____

SHIP TO:

_____

_____

PO Number: _____

Gas Type / Cylinder Size	Cylinder Serial #	Qty	Unit Price	Total

Gas Type / Cylinder Size	Cylinder Serial #	Qty	Unit Price	Total

Subtotal: $_____
Hazmat Fee: $_____
Tax: $_____
Grand Total: $_____

Terms: Net 30. Cylinders remain property of Medical Gas Solutions unless purchased outright.

Safety Warning: Handle high-pressure cylinders according to OSHA and CGA safety standards.

Received By: _____ Date: _____