[Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Tax ID/VAT]

SALES INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [00000]

BILL TO

[Client Institution Name]
[Department]
[Billing Address]
[Contact Person]

SHIP TO / INSTALLATION SITE

[Facility Name]
[Room/Suite Number]
[Shipping Address]
[Delivery Contact]

Description (Model & Serial Number)	Qty	Unit Price	Total
[Imaging System Model Name] S/N: [XXXXXXXX] | System ID: [XXXX]	[0]	$[0.00]	$[0.00]
[Included Accessories / Workstations]	[0]	$[0.00]	$[0.00]
[Installation & Calibration Service]	[0]	$[0.00]	$[0.00]

Description (Model & Serial Number)	Qty	Unit Price	Total
[Extended Warranty / Service Contract]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Shipping & Handling: $[0.00]
Tax: $[0.00]

Total Amount: $[0.00]

PAYMENT TERMS & INSTRUCTIONS

Net [30] Days. Please make checks payable to [Company Name].
Wire Transfer: [Bank Name] | SWIFT: [XXXX] | Account: [XXXX]