INVOICE

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

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client/Facility Name]
[Attn: Department]
[Address Line 1]
[Address Line 2]

SHIP TO:

[Facility/Clinic Name]
[Attn: Receiving]
[Address Line 1]
[Address Line 2]

Item / Catalog #	Description	Qty	Unit Price	Total

Item / Catalog #	Description	Qty	Unit Price	Total

Subtotal: $ _____
Shipping & Handling: $ _____
Sales Tax: $ _____

Total Due: $ _____

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

Notes: All rehabilitation equipment is inspected for safety compliance prior to shipment.