MEDICAL SUPPLY WHOLESALE

123 Healthcare Way, Medical Plaza
City, State, ZIP
Phone: (555) 000-0000

INVOICE

Date: [Date]
Invoice #: [000000]
PO #: [000000]

BILL TO:

[Facility Name]
[Attn: Accounts Payable]
[Address Line 1]
[City, State, ZIP]

SHIP TO:

[Facility Name]
[Loading Dock/Department]
[Address Line 1]
[City, State, ZIP]

SKU/Item #	Description	Lot/Batch	Qty	Unit Price	Total
[SKU-001]	[Product Name/Medical Grade]	[LOT-EXP]	[0]	$0.00	$0.00
[SKU-002]	[Product Name/Medical Grade]	[LOT-EXP]	[0]	$0.00	$0.00
[SKU-003]	[Product Name/Medical Grade]	[LOT-EXP]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00

Shipping: $0.00
TOTAL DUE: $0.00

TERMS & NOTES:

Net 30. Please include invoice number with payment. Sterile items are non-returnable if seal is broken. FDA Regulated facility license #[00000].