

INVOICE

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

Invoice #: [0000]
Date: [Date]
PO #: [PO-000]

Bill To:

[Client Name]
[Department]
[Institution]
[Address]

Ship To:

[Receiver Name]
[Lab Room/Building]
[Institution]
[Address]

Catalog #	Description	Qty	Unit Price	Total

Subtotal: \$0.00

Shipping: \$0.00

Tax: \$0.00

TOTAL: \$0.00

Payment Terms: Net 30

Notes: All laboratory instruments include a standard 1-year manufacturer warranty unless otherwise specified.