

MEDICAL SOLUTIONS INC.

123 MedTech Blvd, Suite 500
Boston, MA 02110
Tel: (555) 012-3456

INVOICE

Invoice #: [INV-0000]
Date: [MM/DD/YYYY]
PO #: [PO-0000]

BILL TO:

[Hospital/Clinic Name]
[Department Name]
[Street Address]
[City, State, Zip]

SHIP TO:

[Hospital/Clinic Name]
[Receiving Dock/Floor]
[Street Address]
[City, State, Zip]

Catalog #	Description	Lot / Serial #	Qty	Unit Price	Total
[Item Code]	[Device Name/Description]	[Batch No]	[0]	\$0.00	\$0.00
[Item Code]	[Device Name/Description]	[Batch No]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Shipping & Handling: \$0.00
Tax (0%): \$0.00
Amount Due: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to "Medical Solutions Inc."

Note: These devices are regulated by the FDA. Products must be stored according to manufacturer specifications [Temp/Humidity]. All sales are subject to the terms and conditions of the Master Purchase Agreement.