

# NURSING HOME PROCUREMENT

123 Healthcare Way  
Medical District, ST 12345  
Phone: (555) 010-9988

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
PO #: \_\_\_\_\_

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### VENDOR / SUPPLIER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FACILITY DEPARTMENT

Requested by: \_\_\_\_\_  
Department: \_\_\_\_\_  
Delivery Floor/Wing: \_\_\_\_\_

Item Category	Description / SKU	Qty	Unit Price	Amount
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Medical Supplies

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Dietary/Kitchen

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Item Category	Description / SKU	Qty	Unit Price	Amount
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Housekeeping

PPE/Safety

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

**Payment Terms:** Net 30. Please include Invoice Number on all remittances.

**Notes:** All medical-grade items must include sterilization logs where applicable.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_