

Orthopedic Supply Co.

123 Medical Plaza
Surgical District, ST 54321
Phone: (555) 010-9988

INVOICE

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

SHIP TO:

| SKU / REF | Description of Orthopedic Supplies | Qty | Unit Price | Total |
|-----------|------------------------------------|-----|------------|-------|
|-----------|------------------------------------|-----|------------|-------|

| SKU / REF | Description of Orthopedic Supplies | Qty | Unit Price | Total |
|--------------|---------------------------------------|-----|---------------|-------|
|--------------|---------------------------------------|-----|---------------|-------|

Subtotal: \$ _____
 Tax (___%): \$ _____
 Shipping: \$ _____
 Total: \$ _____

Notes / Sterilization Instructions:

Payment Terms: Net 30. Please make checks payable to Orthopedic Supply Co.