

PROCUREMENT INVOICE

Invoice #: _____

Date: _____

SUPPLIER INFORMATION

[Vendor Name]

[License Number]

[Street Address]

[City, State, Zip]

[Phone / Email]

SHIP TO (PHARMACY/CLINIC)

[Facility Name]

[DEA Registration #]

[Street Address]

[City, State, Zip]

[Attn: Receiving Dept]

NDC / SKU	Product Description	Batch/Lot	Expiry	Qty	Unit Price	Total
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Subtotal: \$0.00

Tax / Regulatory Fees: \$0.00

Shipping: \$0.00

Amount Due: \$0.00

Compliance Statement: This transaction complies with the Drug Supply Chain Security Act (DSCSA). Transaction information, history, and statements are available upon request. Controlled substances handled per DEA guidelines.