

VETERINARY MEDICAL EQUIPMENT

123 MedTech Drive
City, State, Zip
Contact: (555) 012-3456

INVOICE

Invoice #: _____

Date: _____

PO #: _____

BILL TO

Clinic Name: _____

Address: _____

Attn: _____

SHIPPING TO

Facility: _____

Address: _____

Dept: _____

Catalog #	Description (Item/Serial Number)	Qty	Unit Price	Total
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Catalog #	Description (Item/Serial Number)	Qty	Unit Price	Total

Subtotal: \$ _____
Shipping/Handling: \$ _____
Tax: \$ _____
TOTAL DUE: \$ _____

Terms: Net 30 Days. All equipment remains property of the seller until paid in full.

Notes: _____