

PROFORMA INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Date: [Date]
Invoice #: [Reference No]
Validity: [Days]

CONSIGNEE / SHIP TO

[Client Name]
[Hospital/Clinic Dept]
[Delivery Address]
[Country]

SHIPPING & TERMS

Incoterms: [e.g. CIP/EXW/FOB]
Payment: [e.g. 100% LC / Wire]
Lead Time: [Weeks]
Port of Entry: [Port Name]

Description of Machinery & Software	Model / SKU	Qty	Unit Price	Amount
[Main Unit: MRI/CT/X-Ray System]	[Series No]	1	0.00	0.00
[Specialized Component / Probe / Coil]	[Ref No]	[Qty]	0.00	0.00
[Imaging Software License / Workstation]	[Version]	[Qty]	0.00	0.00
Installation, Calibration & Training	SVC-01	1	0.00	0.00

Subtotal: 0.00
Freight/Insurance: 0.00
Tax/VAT: 0.00

Total (USD): \$0.00

BANK DETAILS & WARRANTY

Bank: [Name] | **SWIFT:** [Code] | **IBAN:** [Number]

Warranty: [Months] Standard Global Warranty included.

This proforma invoice is issued for customs/finance purposes only.