

# PROFORMA INVOICE

[Laboratory Name / Company Name]

[Street Address, City, Country]

[Phone / Email]

Date: \_\_\_\_\_

Quote No: \_\_\_\_\_

Valid Until: \_\_\_\_\_

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**BILL TO:**

**SHIP TO (IF DIFFERENT):**

Item No.	Equipment Description & Specifications	Qty	Unit Price	Total Amount

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

Shipping & Handling: \_\_\_\_\_

Tax/VAT: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**TERMS & CONDITIONS:**

1. Payment terms: \_\_\_\_\_

2. Delivery lead time: \_\_\_\_\_

3. Warranty: \_\_\_\_\_

4. Bank Details: \_\_\_\_\_

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Authorized Signatory

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Customer Acceptance