

PROFORMA INVOICE

System ID: PMS-2024-000

Date: [Date]

Reference: [Ref Number]

SUPPLIER

[Your Company Name]
[Medical Licensing No]
[Address Line 1]
[City, Postcode]

BILL TO

[Hospital/Clinic Name]
[Department]
[Address Line 1]
[Contact Person]

Item Description	Qty	Unit Price	Amount
Central Monitoring Station (Software & Server)	[0]	0.00	0.00
Bedside Vital Sign Monitors (Multi-Para)	[0]	0.00	0.00
Wireless Wearable Patient Sensors	[0]	0.00	0.00
Installation, Calibration & Staff Training	[0]	0.00	0.00

Subtotal: 0.00
Tax/VAT: 0.00

Total: [Currency] 0.00

Terms & Conditions:

1. This is a proforma invoice, not a commercial invoice.
2. Delivery Lead Time: [0] weeks from confirmation.
3. Warranty: [0] months on hardware.
4. Validity: This quote is valid for [0] days.