

PROFORMA INVOICE

No: _____

Date: _____

[Company Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

CONSIGNEE / BILL TO

[Customer Name]

[Institution/Hospital]

[Address]

[Tax ID/VAT No]

SHIPPING DETAILS

Method: [Sea/Air/Road]

Port of Loading: _____

Port of Discharge: _____

Lead Time: _____

Item Description (Model & Specs)	Qty	Unit Price	Amount
[e.g., Robotic Gait Trainer - Model X1]	0	0.00	0.00
[e.g., Hydrotherapy Treadmill System]	0	0.00	0.00
[e.g., Upper Limb Exoskeleton]	0	0.00	0.00
Installation & Clinical Training	1	0.00	0.00

Subtotal: 0.00

Shipping: 0.00

Total ([Currency]): 0.00

BANK DETAILS

Bank Name: _____

SWIFT/BIC: _____

Account No: _____

IBAN: _____

TERMS & CONDITIONS

1. Validity: [30] Days
2. Warranty: [12] Months
3. Payment: [50% Advance / 50% Before Delivery]

Authorized Signature: _____ Stamp: _____