

# PROFORMA INVOICE

Date: [Date]  
Invoice #: [Number]

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone / Email]

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**Bill To:**

[Customer Name / Institution]  
[Contact Person]  
[Address]  
[Phone]

**Ship To / Installation Site:**

[Facility Name]  
[Department]  
[Address]  
[Contact Number]

Item Description (Model/Serial)	Qty	Unit Price	Total
[Equipment Name & Specifications]			
[Accessories / Modules]			
[Shipping & Insurance]			

Subtotal: \$0.00  
Tax / VAT: \$0.00

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**Grand Total: \$0.00**  
**Terms & Conditions:**

- Validity: This proforma is valid for [30] days.
- Lead Time: Estimated [Number] weeks from order confirmation.

- Warranty: [Number] months/years standard manufacturer warranty.
- Payment: [Wire Transfer / Letter of Credit / Net 30].

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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing our therapeutic solutions.