

# TAX INVOICE

[Manufacturer Name]  
[Street Address]  
[City, State, Zip]  
FDA Reg No: [Number] | ISO 13485 Certified

**Invoice #:** [000000]  
**Date:** [YYYY-MM-DD]  
**PO Number:** [000000]  
**Tax ID:** [00-0000000]

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## BILL TO

[Client Name]  
[Client Address]  
[City, State, Zip]  
[Contact Email/Phone]

## SHIP TO

[Facility Name]  
[Shipping Address]  
[City, State, Zip]  
Attn: [Receiving Dept]

Ref/Cat #	Description / Lot Number	Qty	Unit Price	Tax (%)	Total
[Item Code]	[Product Name] - Lot: [Lot #] - Exp: [Date]	[0]	[\$[0.00]]	[0%]	[\$[0.00]]
[Item Code]	[Product Name] - Lot: [Lot #] - Exp: [Date]	[0]	[\$[0.00]]	[0%]	[\$[0.00]]

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Subtotal: \$[0.00]  
Tax Amount: \$[0.00]  
Shipping/Handling: \$[0.00]  
Grand Total: \$[0.00]

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**Compliance Declaration:** These devices are manufactured in accordance with QSR/CGMP requirements. Sterility and quality control certifications are available upon request.

**Payment Terms:** Net [30] Days. Please include invoice number with payment.

Thank you for your business.