

# TAX INVOICE

## PHARMA MANUFACTURING CO.

123 Industrial Estate, Lab District  
Licence No: [Drug-Licence-Number]  
GST/VAT ID: [Tax-ID-Number]

**Invoice #:** [Inv-000]  
**Date:** [DD/MM/YYYY]  
**Order Ref:** [PO-000]

**Bill To:**  
[Customer Name]  
[Address Line 1]  
[Tax ID / Registration]

**Ship To:**  
[Consignee Name]  
[Destination Address]  
[Transport Mode]

PRODUCT DESCRIPTION	BATCH NO.	EXPIRY	QTY	UNIT PRICE	TOTAL
[Drug Name / Dosage Form]	[B-000]	[MM/YYYY]	[0]	[0.00]	[0.00]
[Drug Name / Dosage Form]	[B-000]	[MM/YYYY]	[0]	[0.00]	[0.00]

Subtotal: [0.00]

Tax ([0] %): [0.00]

**Grand Total:** **[Currency]**  
**[0.00]**

**Declaration:** Goods are manufactured as per GMP standards. Store under recommended conditions.

**Bank Details:** [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

Authorized Signatory