

# PHARMA MANUFACTURING CO.

123 Industrial Way, Suite 500  
Manufacturing City, ST 12345  
License No: [LICENSE\_NUM]

## INVOICE

Invoice #: [INV-000]  
Date: [YYYY-MM-DD]  
PO #: [PO-000]

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### BILL TO (WHOLESALER)

[Wholesaler Name]  
[Distribution Center Address]  
[City, State, Zip]  
DEA Reg: [DEA\_NUM]

### SHIP TO

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

NDC Number	Product Description	Lot Number	Expiry	Qty (Units)	Unit Price	Total
[0000-0000-00]	[Drug Name, Strength, Dosage Form]	[LOT123]	[MM/YYYY]	[0]	\$0.00	\$0.00
[0000-0000-00]	[Drug Name, Strength, Dosage Form]	[LOT456]	[MM/YYYY]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Shipping/Handling: \$0.00

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**Total Balance Due: \$0.00**

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**Payment Terms:** [Net 30/60] | **Payment Method:** [Wire/ACH]

**DSCSA Compliance:** This product was manufactured and distributed in compliance with the Drug Supply Chain Security Act. Transaction History (TH) and Transaction Statement (TS) are attached or available via [Link/Portal].