

VETERINARY MEDICAL SUPPLY CO.

123 Wholesale Blvd, Medical District
Phone: (555) 010-8899 | License: #VET-99001

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Clinic/Hospital: _____
Address: _____
City/State/Zip: _____
DEA Reg #: _____

SHIP TO:

Facility Name: _____
Address: _____
Attn: _____
PO Number: _____

SKU / Catalog #	Item Description (Pharmaceutical/Surgical)	Lot #	Qty	Unit Price	Total

SKU / Catalog #	Item Description (Pharmaceutical/Surgical)	Lot #	Qty	Unit Price	Total

Subtotal: \$ _____
Hazardous Mat. Fee: \$ _____
Shipping & Handling: \$ _____
Tax: \$ _____

Total Amount Due: \$ _____

Terms & Conditions:

Payment due within 30 days. All prescription drug sales are final. Controlled substances require valid DEA registration on file. Please inspect all biologicals upon arrival for temperature integrity.