MEDICAL SUPPLY CO.

123 Healthcare Blvd, Suite 100
Medical District, ST 12345
Phone: (555) 010-9988

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

Institution Name:
Address:
City, State, Zip:
Attn: Accounts Payable

SHIP TO

Facility Name:
Loading Dock/Suite:
City, State, Zip:
Attn: Receiving Dept

SKU / Catalog #	Product Description	Lot # / Exp.	Qty	Unit Price	Total

Subtotal: $_____

Shipping: $_____
Tax (if app.): $_____
Amount Due: $_____

Payment Terms: Net 30. Please make checks payable to Medical Supply Co.

Certification: All medical devices and supplies listed above comply with FDA regulations and quality standards. Sterile items are guaranteed until expiration date if seal is intact.