[ADD LOGO/IMAGE]

PHARMACY INVOICE

DETAILS

DATE:

INVOICE NO. [#]

FROM

[COMPANY NAME]
[ATTN]
[STREET ADDRESS]
[CITY, STATE, ZIP CODE]
[PHONE]
[E-MAIL]

BILL TO

[COMPANY NAME]
[ATTN]
[STREET ADDRESS]
[CITY, STATE, ZIP CODE]
[PHONE]
[E-MAIL]

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT ($)

	SUBTOTAL	
	DISCOUNT	
	TAX / VAT	
	TOTAL	

NOTES: _____

_____

_____

THANK YOU FOR YOUR BUSINESS