|  |  |
| --- | --- |
| PHARMACY INVOICE | [Pharmacy Name] |
|  |  |  |  |  |  |  |  |
|  | Invoice #: |  |  |  | Sates Tax: |  |
|  | Issue Date: |  |  |  | Service Tax: |  |
|  | Due Date: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **From** |  |  |  | **To** |  |  |
|  | **[PA's Name]** |  | **[Company Name]** |
|  | [Street Address] |  | [Street Address] |
|  | [City, State, Zip] |  | [City, State, Zip] |
|  | [Phone] |  | [Phone] |
|  | [E-Mail] |  | [E-Mail] |
|  |  |  |  |  |  |  |
| **Medicines** |
| **S No** | **Description** | **Qty** | **Rate** | **Amount** |
| 1 |   |   |   |  |
| 2 |   |   |   |  |
| 3 |   |   |   |  |
| 4 |   |   |   |  |
| 5 |   |   |   |  |
| 6 |   |   |   |  |
| 7 |   |   |   |  |
| 8 |   |   |   |  |
| 9 |   |   |   |  |
| 10 |   |   |   |  |
| 11 |   |   |   |  |
| 12 |   |   |   |  |
|  |  |  |  |  |  |  |  |
| **Services** |
| **S No** | **Description** | **Fee(s)** |
| 1 |   |  |
| 2 |   |  |
| 3 |   |  |
| 4 |   |  |
|  |  |  |  |  |  |  |  |
|  | **Terms & Conditions**: \* The quick brown fox jumped upon a lazy dog\* The quick brown fox jumped upon a lazy dog.\* The quick brown fox jumped upon a lazy dog.\* The quick brown fox jumped upon a lazy dog |  | **Medicine Total** |  |
|  |  | **Services Total** |  |
|  |  | **Tax** |  |
|  |  | **Invoice Total** |  |