|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | |  |