|  |  |
| --- | --- |
| [Company Name]Name: [Name]Street Address: [Street Address]City, State: [City, State]ZIP Code: [ZIP Code]E-mail: [E-mail]Phone: [Phone] | **PHARMACY INVOICE** |

|  |  |
| --- | --- |
| Invoice # [No] | Date: March 12, 2019 |

|  |  |
| --- | --- |
| **Client / Customer** |  |
| Name: [Name]Street Address: [Street Address]City, State: [City, State]ZIP Code: [ZIP Code] |  |

|  |
| --- |
| **PRODUCTS (MATERIALS)** |
| Description | Quantity | $ / Unit | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | PRODUCTS  |  |
| **LABOR** |
| Description | Hours | $ / Hour | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | LABOR  |  |
|  |  |  |  |
|  |  | SUBTOTAL |  |
|  |  | DISCOUNT |  |
|  | TAX |  |
| Payment is due within [ # ] days. | **TOTAL** |  |

[Comments or Special Instructions]

Thank you for your business!