|  |  |
| --- | --- |
| **[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:** XX, XX, XXXX |

|  |  |
| --- | --- |
| **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**  |  |
| [Comments or Special Instructions] | SUBTOTAL |  |
| DISCOUNT |  |
| TAX |  |
| Payment is due within [ # ] days. | **TOTAL** |  |