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| Health Clinic Company Address | INVOICE Invoice #numberDate: "dd/MM/yy HH:MM" |

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| To: Health Clinic’s administrator  Health Clinic  Street Address  City, ST ZIP Code  Phone number | From: Supplier |

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| QUANTITY | MEDICINE NAME | UNIT PRICE | TOTAL |
| --- | --- | --- | --- |
| Quantity 1 | Enter description | Enter price | Enter total |
| Quantity 2 | Enter description | Enter price | Enter total |
| Quantity 3 | Enter description | Enter price | Enter total |
| Quantity 4 | Enter description | Enter price | Enter total |
| Quantity 5 | Enter description | Enter price | Enter total |
| Quantity 6 | Enter description | Enter price | Enter total |
| Quantity 7 | Enter description | Enter price | Enter total |
| Quantity 8 | Enter description | Enter price | Enter total |
| Quantity 9 | Enter description | Enter price | Enter total |
| Quantity 10 | Enter description | Enter price | Enter total |

|  |  |
| --- | --- |
| total | Enter total |

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| Make all checks payable to Health Clinic.  If you have any questions concerning this invoice, contact the supplier. |
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