Medical Invoice

Logo

Invoice no: [1]

Invoice date: [mm.dd.yyyy]

Due: [mm.dd.yyyy]

**From**

[Business Name]

[OWNER NAME]

[PHONE]

[MOBILE]

[EMAIL]

[WEBSITE]

[ADDRESS]

**Bill to**

[Client name]

[PHONE]

[MOBILE]

[EMAIL]

[ADDRESS]

**Ship to**

[SHIPPING ADDRESS]

[TRACKING ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION | RATE, USD | QTY | TAX | AMOUNT, USD |
| [Item name] | 10.00 | 10 | 20% | 120.00 |
| [Additional details] |  |   |   |   |
| [Item name] |  |  |  |  |
| [Additional details] |  |  |  |  |

**Payment instruction**

Paypal email:

example@mail.com

Make checks payable to:

[name]

Bank transfer:

[Bank transfer info]

Other:

[Other payment details]

**Subtotal USD: 0.00**

**Discount USD: 0%**

**Shipping Cost USD: 0.00**

**Sales Tax USD: 0.00**

**Total USD: 0.00**

**Amount paid USD: 0.00**

**Balance Due USD: 0.00**

**Notes:**

[notes text]