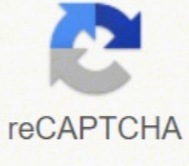




I'm not robot



**Open**

# Invoice delivery note template

From: your Company Name and address  
 To: use your company stationery, include the header and footer

Date: your COMPANY LOGO here

**DELIVERY NOTE**

To: \_\_\_\_\_ Your Order Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Sent: \_\_\_\_\_  
 \_\_\_\_\_ Per Invoice Number: \_\_\_\_\_  
 \_\_\_\_\_ Our Contact Person: \_\_\_\_\_  
 Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

Quantity Delivered	Description

Goods received in good order  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR COMPANY LTD**

ADDRESS LINE  
 ADDRESS AND POSTCODE  
 Tel: 000 0000 0000  
 Mobile: 00000 000000  
 Email: yourcompany@hotmail.com  
 www.yourcompany.com

COMPANY LOGO

BILL TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_

**INVOICE / DELIVERY NOTE:**

ITEMS NO.	DESCRIPTION	WEIGHT/KG	UNIT PRICE	TOTAL
TOTAL				

RECEIVED BY: \_\_\_\_\_

If you have any queries, please contact us.  
 Thank you for your business

**Medical Business Name**  
 Address:  
 City, State ZIP  
 Phone#, web address

**INVOICE**

DATE:  
 INVOICE #:

Bill To: \_\_\_\_\_ Patient: \_\_\_\_\_

Physician		Terms			Due Date	
Dt of Service	Description	Total Fee	Co-Pay	Ins Reim	Adj	Balance (PR)
TOTAL						

**Payment Type**  Check  Visa  MasterCard  Amex  Discover

**Cardholder Name** \_\_\_\_\_  
**Account Number** \_\_\_\_\_  
**Exp Date** \_\_\_\_\_  
CVV2 (3 digit number on the back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_/\_\_/\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you!

