|  |  |
| --- | --- |
| Date |  |
| Invoice # |  |
| Customer ID |  |

Street Address
City, State, Post Code
Phone:
Fax:
Email:

Pharmacy Name: **INVOICE**

Bill to: Ship to:

Facility Name: Facility Name:
Street Address: Street Address:
City, State, Post Code: City, State, Post Code:
Phone: Phone:

|  |  |  |  |
| --- | --- | --- | --- |
| Order Date: | Order Number: | Invoice Number:  | Contact: |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item # | Description | QTY ordered | QTY shipped | Amount (AUD) |
|  |  |  |  |  |

|  |
| --- |
| Other Information: |
| **\*THIS ORDER CONTAINS CONTROLLED DRUGS – CHECK CAREFULLY\***Please complete acknowledgement of receipt section below and email or fax this packing slip back to [supplying pharmacy email/facsimile details] |

**Acknowledgment of receipt:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have received the controlled drugs as listed above in full
 RN full name

 on the \_\_\_/\_\_\_/\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date RN signature