

INVOICE NO.

Notes:





DATE

BILL TO	SHIP TO	INSTRUCTIONS	
Facility name: Address:	RN Name: RN Address:	To be paid in full for Medication Delegation class within 30 days	
QUANTITY		UNIT PRICE	TOTAL
1	Med Delegation \$35 per employee	\$35	Total due

SUBTOTAL

SALES TAX \$0

SHIPPING & HANDLING \$0

TOTAL DUE BY DATE \$

Thank you for your business!