



# DRAFT INVOICE

231 Canada Street - Suite 110  
Fredericton, New Brunswick  
E3A 4A1  
1-833-930-6465

## Drug Screen - Invoice

mm/dd/yyyy

**Invoice for**

Company name

**Payable to**

Brookside Medical Services

**Test Date**

mm/dd/yyyy

**Client**

Client Name

**Collector Name**

John Smith

**Invoice #**

BMS#F00001

Description	Unit price	Total price
Collection Fee	\$65.00	\$65.00
Panel 8 - Urine POCT	\$40.00	\$40.00

Mileage Charge (\$0.68/km):

**0km**

Subtotal

**\$105.00**

HST

\$15.75

Mileage

\$0.00

**\$120.75**