DISTRIBUTION INVOICE

[Company Name]

Bill To:

Ship To:

Invoice #: _____
Date: _____
P.O. #: _____
Route ID: _____

SKU / Item	Description	Batch / Lot #	Expiry	Qty	Unit $	Total

Subtotal: $ _____
Tax: $ _____
Shipping: $ _____

Grand Total: $ _____

Storage Requirements: _____

Received By: _____ **Date:** _____

Notes: All batches must be verified against the physical inventory upon arrival.