INVENTORY INVOICE

Warehouse Distribution Center

Invoice #: _____
Date: _____
PO #: _____

ORIGIN / WAREHOUSE

Facility Name: _____
Bay/Zone: _____
Address: _____

SHIP TO / CONSIGNEE

Client Name: _____
Destination: _____
Contact: _____

SKU / Item ID	Description	Qty	Unit	Unit Price	Total

Subtotal: $_____
Freight/Handling: $_____
Tax: $_____
Total Amount: $_____

NOTES & TERMS

Weight: _____ | Carrier: _____ | Tracking: _____

Payment terms: Net 30. All distribution subject to warehouse management protocols.